**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Carroll
   - Village or City: Westminster
   - Registration Dist. No. 76

2. **FULL NAME**
   - (a) Residence: No. 11, John St., Westminster

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - February 6, 1934

7. **AGE**
   - Years: 3
   - Months: 2
   - Days: 24

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

9. **Occupation**
   - Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

10. **Date deceased last worked at this occupation (month and year)**
    - At home

MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
   - May 30, 1934

22. **HEREBY CERTIFY**
    - That I attended deceased from May 24, 1934, to May 30, 1934. I last saw her alive on May 24, 1934, and death is said to have occurred on the date stated above, at home.

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

- Whooping Cough

Other Contributory Causes of importance:

<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-24-34</td>
</tr>
</tbody>
</table>

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): Westminster, Md.
   - Menace of Injury:
   - Nature of Injury:

24. **Was disease or injury in any way related to occupation of deceased?**
    - Yes, by specific

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>
<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>Asthma 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 6, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
<td>Gastric ulcer</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

---

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH (month, day, and year)
   June 13, 1857

7. AGE
   Years: 76
   Months: 10
   Days: 20
   If less than 1 day, state hrs. or min.

8. TRADE, PROFESSION, OR OTHER KIND OF WORK DONE
   Retired

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

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

11. Date deceased last worked at this occupation (month and year)
   (month, day, year)

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

13. NAME
    Frederick Palmer

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

15. MAIDEN NAME
    Lydia Ringer

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

17. INFORMANT
    Raymond Bittle

18. BURIAL, CREMATION, OR REMOVAL
    Christ Church

19. UNDERTAKER
    J. M. Little & Son.

20. FILED
    May 31, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   May 3, 1934

22. I HEREBY CERTIFY
    That I attended deceased from May 21, 1934, to May 3, 1934
    I last saw her alive on April 30, 1934; death is said to have occurred on the date stated above, at 4:30 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

    Other Contributory Causes of importance:

    Name of operation: Physical
    Date of operation: Jan 23
    Date of death: Jan 23
    Where there an autopsy: Yes
    Where was there an autopsy: No
    Where did injury occur? (Specify city or town, county and State)
    Manner of injury: Nature of injury:
    Date of injury: 19
    Date of injury: 19
    Date of injury: 19
    Date of injury: 19
    Date of injury: 19

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:

    Date of injury:
    Date of injury:
    Date of injury:
    Date of injury:
    Date of injury:

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

    (Signed)
    Address
    Address:

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

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

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

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

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

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

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<th>Example II</th>
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<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td><em>Chronic interstitial nephritis</em></td>
<td>1927</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

Maryland Tuberculosis Sanatorium
Colored Branch

1. PLACE OF DEATH
County: Carroll
Village or City: Henryton, Md.
Length of residence in city or town where death occurred: 0 yrs 2 mos 29 ds

2. FULL NAME: John Wesley Collier
(a) Residence: No.
Westover, Somerset Co., Md.

PERSONAL AND STATISTICAL PARTICULARS

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

SA. If married, widowed, or divorced
HUSBAND of or WIFE of
Katie Collier

DATE OF BIRTH: May 20, 1896

7. AGE: 37 Years 11 Months 18 Days

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

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

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

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

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

13. NAME: Handy Collier

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

15. MAIDEN NAME: Wardies Collier

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

17. INFORMANT: John E. O'Neill, M.D.
(Address): Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore, Md.
Date: May 11, 1934

19. UNDERTAKER
(Address):

20. FILED: 5/8/34 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1934 to May 8, 1934, and to have occurred on the date stated above, at 9:00 A.M.

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

23. Other Contributory Causes of importance:

24. Manner of injury:
Nature of injury:

25. 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, country and State)

26. If so, specify

27. If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
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<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>Date of onset</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Carroll
   - Town: Maryland Tuberculosis Sanatorium
   - Colored Branch 23
   - Registration Dist. No. 74
   - Village or City: Henryton, Maryland
   - St. No. 
   - Ward: 
   - Length of residence in city or town where death occurred: 0 yrs. 6 mos. 22 ds
   - How long in U.S. or of foreign birth: yrs. mos. ds.

2. **FULL NAME**
   - Harvey Curley
   - (a) Residence: No.
   - 2201 Druid Hill Ave., Baltimore, Md.
   - St. 
   - Ward: 
   - If nonresident give city or town and State: 

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. SEX: Male</td>
</tr>
<tr>
<td>4. COLOR OR RACE: Colored</td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married</td>
</tr>
<tr>
<td>6. DATE OF BIRTH (month, day, and year): Dec. 6, 1896</td>
</tr>
<tr>
<td>7. AGE: 35 yrs. 5 mos. 11 days</td>
</tr>
<tr>
<td>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Laborer</td>
</tr>
<tr>
<td>9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Unknown</td>
</tr>
<tr>
<td>10. DATE DECEASED LAST WORKED AT: Unknown</td>
</tr>
<tr>
<td>11. TOTAL TIME (YEARS) IN THIS OCCUPATION: Unknown</td>
</tr>
</tbody>
</table>

3. **BIRTHPLACE**
   - City or town: Carson, Virginia
   - State or country: 

4. **NAME**
   - Father: James Curley
   - State or country: Carson, Virginia
   - Mother: Cherry Wynn
   - State or country: Carson, Virginia

5. **MAIDEN NAME**
   - Cherry Wynn

6. **MOTHER'S NAME**
   - Cherry Wynn

7. **FATHER'S NAME**
   - James Curley

8. **INFORMANT**
   - John E. O'Neill, M.D., Henryton, Maryland

9. **BURIAL, CREMATION, OR REMOVAL**
   - Place of burial: Yes
   - Date of burial: Oct. 5, 1933
   - Place of cremation: No
   - Date of cremation: 

10. **UNDEARTAKER**
    - Robert Williams

11. **FILED**
    - 5/17/34

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - May 17, 1934

22. **I HEREBY CERTIFY**
    - That I attended deceased from Oct. 25, 1933 to May 17, 1934.
    - I last saw him alive on May 17, 1934.
    - Death is said to have occurred on the date stated above, at 12.50 P.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 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) John E. O'Neill, 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 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.

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
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</tbody>
</table>

Other contributory causes of importance:

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

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

1. **PLACE OF DEATH**
   - County: Carroll
   - Village or City: Medford
   - Length of residence in city or town where death occurred: 69 yrs. 2 mos. 1 ds
   - (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. **FULL NAME**
   - COZA M. Lammer

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH** (month, day, and year)
   - March 8 - 1865

7. **AGE**
   - Years: 69
   - Months: 2
   - Days: 1

8. **OCCUPATION**
   - House Wife

9. **BIRTHPLACE** (city or town)
   - Maryland

10. **NAME**
    - Jer-entity Smith

11. **MOTHER FATHER**
    - Celia Hallman

12. **BIRTHPLACE** (city or town)
    - Maryland

13. **INFORMANT**
    - Elizabeth Martin

14. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Saint Chapel
    - Date: May 11, 1934

15. **DEATH**
    - Date of Death: May 9, 1934

16. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - Name of operation: Cerebral Palsy
    - Date of operation: 5/24/34

17. **UNDERTAKER**
    - H. Woodworth

18. **FILED**
    - Date: 5/24/34

19. **REGISTER**
    - H. Woodworth, M.D.
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<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
<td>May 1, 1923</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</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: Carrol
   Village or City: Hampstead
   Registration Dist. No.
   No.:
   Ward:
   Registered by

   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
   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

   3a. If married, widowed, or divorced
   (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, SAWER, BOOKKEEPER, etc.
   Name

   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)
   Birthtown
   Maryland

   13. NAME
   Samuel Dixon

   14. BIRTHPLACE (city or town)
   (State or country)
   Frederick County
   Maryland

   15. MAIDEN NAME
   Susan Redwidge

   16. BIRTHPLACE (city or town)
   (State or country)
   Frederick County
   Maryland

   17. INFORMANT
   (Address)
   Hospital Records
   Baltimore, Md.

   18. BURIAL, CREMATION, OR REMOVAL
   (Address)
   Buried at Home

   19. UNDERTAKER
   (Address)
   New Line, 22

   20. FILED
   May 7, 1934

   21. DATE OF DEATH
   May 7, 1934

   22. I HEREBY CERTIFY, That I attended deceased from
   (Month) (Day) (Year)
   July 26, 1933, to May 7, 1934.
   I last saw him alive on
   (Month) (Day) (Year)
   May 7, 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:
   Date of onset
   Pneumonia, Typhoid Fever.
   5-6-34

   Other Contributory Causes of Importance:
   General Arteriosclerosis.

   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, 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)

   If more blanks are needed, address State Registrar, 2417 N. Charles Street, Baltimore, Requesting U. S. No. 1

   Registrars.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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<tr>
<td></td>
<td>Date of onset</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. **PLACE OF DEATH**
   - County: Carroll
   - Village or City: Finkswood

2. **FULL NAME**
   - John E. Drach

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Male
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Married

4. **DATE OF DEATH**
   - May 16, 1934

5. **DATE OF BIRTH**
   - July 15, 1863

6. **AGE**
   - 70 Years
   - 0 Months
   - 0 Days

7. **OCCUPATION**
   - General Store Merchant

8. **DATE DECEASED LAST WORKED**
   - April 1934

9. **PLACE OF DEATH**
   - Carroll Co., Md.

10. **MAIDEN NAME**
    - Mary Allen Gamber

11. **INFORMANT**
    - Flora M. Drach

12. **BIRTHPLACE**
    - Carroll Co., Md.

13. **MOTHER'S NAME**
    - Mary Allen Gamber

14. **FATHER'S NAME**
    - Peter E. Drach

15. **ADDRESS**
    - Finkswood, Md.

16. **UNION**
    - D.D. Wayne, S.D.

17. **FIELD**
    - May 17, 1934

18. **NEXT OF kin**
    - Carroll Co., Md.

19. **SIGNATURE**
    - John E. Drach

20. **REGISTRAR**
    - P.S. No. 1

21. **MEDICAL CERTIFICATE OF DEATH**
    - I hereby certify, that I attended deceased from Feb. 1933 to May 16, 1934. I last saw him alive on May 16, 1934; death is said to have occurred on the date stated above, at 8:30 A.M.

22. **PRINCIPAL CAUSE OF DEATH**
    - Arteriosclerosis

23. **CONTRIBUTARY CAUSE OF DEATH**
    - Acute nephritis

24. **OTHER CONTRIBUTARY CAUSE OF DEATH**
    - Cirrhosis of liver

25. **NAME OF DOCTOR**
    - William D. Crocker, M.D.

26. **ADDRESS**
    - 222 E. Charles St., Baltimore, Md.

27. **REGISTRAR**
    - John E. Drach

28. **ADDRESS**
    - 222 E. Charles St., 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.

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

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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
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<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>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Sykesville, Md.
   No. SPRINGFIELD STATE HOSPITAL
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: 2 yrs. 10 mos. ds.
   How long in U.S. if foreign birth: yrs. mos. ds.

2. FULL NAME: DAVID GARDNER
   (a) Residence: No. 5912 Bellona Ave.
   (Local place of abode)
   St., Ward: Baltimore, Md.
   If nonresident give city of town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (month, day, and year): February 19, 1865

7. AGE: Years 69, Months 2, Days 14

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

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

10. Date deceased last worked at this occupation (month and year): Sept. 1932

11. Total time (years, months, weeks, days) spent in this occupation: 50

12. BIRTHPLACE (city or town): New York
   (State or country): N.Y.

13. NAME: George Gardner

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

15. MAIDEN NAME: Olivia Bean

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

17. INFORMANT (Address): S.S. Hospital Records,
   Sykesville, Md.

18. BURIAL CREMATION, OR REMOVAL
   Place: Baltimore
   Date: May 8, 1934

19. UNDERTAKER: George W. Gohm
   (Address): Sykesville

20. FILED: May 19, 1934
   Registrar: M. D., Sykesville, Md.

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

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1934 to May 4, 1934.

   Name of operation: Acute Cardiac Dilatation
   Date of: 5-3-34

   Other Contributory Causes of Importance:
   Mitral Stenosis and General Arteriosclerosis

   Data of onset:

   Name of operation:
   Clinical Symptoms:
   Date of:
   Was there an autopsy?: No
   Where did injury occur?:
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

   Manner of injury:
   Nature of injury:

   If so, specify:

   Signed: MARY F. BAER, M.D.
   (Address): Sykesville, Md.

If more blanks are needed, address State Registrar, 4112 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:
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11.—The number of years the deceased followed the occupation.

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

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<td>July 6, 1927</td>
</tr>
</tbody>
</table>

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

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

1. PLACE OF DEATH.
   County: Caroline
   Village or City: Princess Anne
   No.: 21
   Registration Dist. No.: 75
   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. mon. days. How long in U.S. or of foreign birth? yrs. mon. days.

2. FULL NAME
   (a) Residence: No. 212, Pt. 9
   (Usual place of abode)

   Hettie Saunders Harned

   21. DATE OF DEATH
      May 12, 1934
      (Month) (Day) (Year)

   22. I HEREBY CERTIFY: That I attended deceased from April 30, 1934, to May 12, 1934.
      I last saw her alive on May 11, 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:
      Scirrhus Cancer of Breast

      Other Contributory Causes of Importance:

      Name of operation: Nono
      Date of:
      Test confirmed diagnosis: Affirmative
      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
         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?: Yes
         If so, specify
         (Sign) William S. Davis
         (Address) 613 Princess Anne
         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.

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<td>Gallstones</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Carroll
Village or City: Henryton, Md.

Length of residence in city or town where death occurred: 0 yrs. 4 mos. 0 ds.

2. FULL NAME

(a) Residence: No.
(b) Name: Ella Heavens
(Usual place of abode)

Ward.

3. SEX

Female

4. COLOR OR RACE

Colored

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

Single

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

Oct., 7, 1908

7. AGE

25 Years
7 Months
5 Days

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

Domestic

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

Unknown

10. OCCUPATION

Unknown

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

Unknown

12. BIRTHPLACE (city or town)

Linthicum Heights

MARYLAND

13. NAME

Dennis Fisher

14. BIRTHPLACE (city or town)

Unknown

15. MAIDEN NAME

Maggie Hanson

16. BIRTHPLACE (city or town)

Unknown

MARYLAND

17. INFORMANT

John E. O'Neill, M.D.

Hennilton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Aerby, Camp Date: May 16, 1934

19. UNDERTAKER

Jos. Jones

20. FILED

May 12, 1934

21. DATE OF DEATH

May 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 12, 1934, to May 12, 1934, and to have occurred on the date stated above, at 7:00 A.M.

The Principal Cause of Death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset: Oct., 1933

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)

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

No

If so, specify:

Address:

Registrar.

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

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

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<tr>
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</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1915</td>
</tr>
<tr>
<td></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>Gastroenteritis</td>
</tr>
<tr>
<td></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. Carroll
Village or City. Allegany
No. Springfield State Hospital, St., Ward.
Length of residence in city or town where death occurred. 20 yrs. 2 mos. 10 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME. Jesse Huhn

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

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male
4. COLOR OR RACE White
5. If married, widowed, or divorced HUSBAND of (or) WIFE of
5a. If married, widowed, or divorced
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH

May 5th, 1934

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, that I attended deceased from July 2, 1915, to May 5th, 1934; death is said to have occurred on the date stated above, at 12:15 A.M. The principal cause of death and related causes of importance were as follows:

Pneumonia (laboratory)

Other Contributory Causes of Importance:
Cardiovascular Renal Disease
Chronic Myocarditis and Chronic Nephritis with Hypertension

Name of operation:

Prior to death

Date of:

What last confirmed diagnosis:

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:

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) John N. Morris
(Address) 122 N. Kearny, Md.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
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<tr>
<th>Example I</th>
<th>Example II</th>
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<tbody>
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<td>The principal cause of death and related causes of importance were as follows:</td>
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<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronically 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, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Silver Run
   No. St.: 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)
   (b) Husband or Wife of
   (c) St., Ward:
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (marriage or divorce)
   Female White Widowed

6. DATE OF BIRTH (month, day, and year)
   Aug 10, 1862

7. AGE
   Years: 71
   Months: 9
   Days: 3

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)
   (State or country)
   Silver Run, Ind.

13. NAME
   Jeremiah Jacobs

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

15. MAIDEN NAME
   Matilda Chandler

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

17. INFORMANT (Address)
   J. W. Jacobs, Silver Run

18. BURIAL, CREMATION, OR REMOVAL
   Place: Silver Run
   Date: May 13, 1934

19. UNDERTAKER (Address)
   J. W. Jacobs, Silver Run

20. FILED (Date)
   May 14, 1934

REGISTRATION DISTRICT NO. 42

REGISTRAR

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

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

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year 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>
<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>
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<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

1. PLACE OF DEATH
   County: Carroll
   Village: City near, Westminster

2. FULL NAME: David Lynch
   (a) Residence: No. near Westminster, Md.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widow, or divorced
   HUSBAND OF: Ella Lynch

6. O.ALT OF BIRTH (month, day, and year): 1891 - 1 - 5

7. AGE: Years 73, Months 4, Days 1

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

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

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

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

12. BIRTHPLACE (city or town): Hendersonville, N.C.
   (State or country): "

13. NAME: Byam Lynch
   FATHER: "

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

15. MAIDEN NAME: Unknown

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

17. INFORMANT: Ella Lynch
   (Address): F.D. #5, Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL: Western Chapel Cemetery, Date: May 9, 1934

19. UNDERTAKER: S. M. Hall
   (Address): "

20. FILED: June 1, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May 6, 1934
   (Month) - (Day) - (Year)

22. I HEREBY CERTIFY That I attended deceased from Apri 1934, to May 6, 1934,
   the Principal Cause of Death and related causes of importance were as follows:
   (Signature)

23. Other Contributory Causes of Importance:
   (Signature)

24. 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, country and State): "
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:
   Manner of injury:
   Nature of injury:

25. Was disease or injury in any way related to occupation of deceased?
   (Signature)

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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, apoplexy, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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<tr>
<td>Date of onset</td>
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<tr>
<td>1916</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 |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Carroll
Village or City: Tanglewood


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

St., Ward.

If nonresident give city of town and State:

3. SEX
Male

4. COLOR OR RACE
White

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

5a. If married, widowed, or divorced
HUSBAND OF
Laurel J. Martin

6. DATE OF BIRTH (month, day, and year)
June 23, 1861

7. AGE
Years: 82
Months: 11
Days: 7
If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year)
1921

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

12. BIRTHPLACE (city or town)
Beckleyville

13. NAME
Robert Martin

14. BIRTHPLACE (city or town)
Beckleyville

15. MAIDEN NAME
Mary Matthews

16. BIRTHPLACE (city or town)
Thailand

17. INFORMANT
W. W. Martin

18. BURIAL, CREMATION, OR REMOVAL
Place: Greensboro
Date: June 7, 1934

19. UNDERTAKER
E. L. Tabor

20. FILED
June 1, 1934

Registration Dist. No. 77

21. DATE OF DEATH
5, 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from
Mch. 21, 1934, to his death May 30, 1934.
I last saw him alive on May 30, 1934; death is said to have occurred on the date stated above, at 11 a.m.

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

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) Edgar B. Royal

ALLAN T. ROYAL

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

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

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

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

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

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

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

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<td>Chronic interstitial nephritis</td>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
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<td>Attack of epilepsy</td>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

| 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: Carroll
   Village or City: Millers
   No. __________________ St. __________ Ward __________
   Length of residence in city or town where death occurred: yrs. __________ mos. __________ ds. __________
   How long in U.S. if foreign birth: yrs. __________ mos. __________ ds. __________

2. FULL NAME: "Daisy" Martin
   (a) Residence: No. ____________________ (Unusual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: Female
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)

   6. DATE OF BIRTH (month, day, and year): 5/21/34

   7. AGE: Years: __________ Months: __________ Days: __________
      If LESS than 1 day, hrs. or 15 min.

   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.: Housewife
   10. Oats deceased last worked at this occupation (month and year): __________

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

   12. BIRTHPLACE (city or town): Millers Md.
      (State or country): __________

   13. NAME: Nancy Elmera Martin
   14. BIRTHPLACE (city or town): Millers Md.
      (State or country): __________

   15. MARRIAGE NAME: Mrs. Elizabeth Miller
   16. BIRTHPLACE (city or town): Millers Md.
      (State or country): __________

   17. INFORMANT: Nancy E. Martin
      Address: __________

   18. BURIAL, CREMATION, OR REMOVAL: Millers Md.
      Place: __________ Date: May 23, 1934

   19. UNDERTAKER: Jacob Winkler, Sons
      Address: Manchester Md.

   20. FILED: May 23, 1934
      M. D. F. O. D. DEER INC.

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: 5/21/34

   22. I HEREBY CERTIFY that I attended deceased from May 21, 1934, to May 21, 1934.
   23. I last saw her alive on May 21, 1934. Death is said to have occurred on the date stated above at __________ AM.
   24. The principal cause of death and related causes of importance were as follows:
      Cerebral Arteritis
      Other Contributory Causes of importance:
      Murderer

   Date of onset: __________
   Name of operation: __________
   Date of: __________
   What test 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: __________
   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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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 |

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:

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: Carroll
- Village or City: Westminster

**2. FULL NAME**
- Clara Belle Matthews

**PERSONAL AND STATISTICAL PARTICULARS**

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

<table>
<thead>
<tr>
<th>5a. If married, widowed, or divorced</th>
<th>HUSBAND of (or) WIFE of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Matthews</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH</th>
<th>June 22, 1881</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
<th>Years</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td>10</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE</th>
<th>Spinster</th>
</tr>
</thead>
</table>

| 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE | Silk mill, sawmill, bank, etc. |

<table>
<thead>
<tr>
<th>10. DATE DECEASED LAST WORKED AT THIS OCCUPATION</th>
<th>Month and year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (CITY OR TOWN)</th>
<th>Elkhart Co., Ind.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
<th>James Milton Morgan</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>14. BIRTHPLACE (CITY OR TOWN)</th>
<th>Ind.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>15. MAIDEN NAME</th>
<th>Harriette Hemmert</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>16. BIRTHPLACE (CITY OR TOWN)</th>
<th>Ind.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>17. INFORMANT</th>
<th>Emory Frady</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, OR REMOVAL PLACE</th>
<th>Elkhart Town, Ind.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>19. UNDERTAKER</th>
<th>I. Bancroft, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>20. FILED</th>
<th>5/21, 1934</th>
</tr>
</thead>
</table>

**21. DATE OF DEATH**
- May 20, 1934

**22. I HEREBY CERTIFY**
- That I attended deceased from May 15, 1934, to May 20, 1934.
- I last saw him alive on May 19, 1934, and his death is said to have occurred on the date stated above. M. A....
- The principal cause of death and related causes of importance were as follows:
  - Acute Rheumatic Fever (Several previous attacks)

**23. OTHER CONTRIBUTORY CAUSES OF DEATH**
- Endocarditis (Carditis) (Determined at autopsy)

**24. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE)**
- 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.

**25. MANNER OF INJURY**
- Nature of injury

**26. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
- Yes, 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:

<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>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>[RECEIVED</td>
<td>[1 week ago</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>[JUN 4, 1924</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>[JULY 5, 1924</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: Howard
- Village or City: Catonsville Heights
- Registration Dist. No.: 74

**2. FULL NAME**
- Calvin J. McClain
- Residence: No. 1029 W. 37th St., Baltimore

**PERSONAL AND STATISTICAL PARTICULARS**
- SEX: Male
- COLOR OR RACE: White
- SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
- RESIDENCE: No. 1029 W. 37th St., Baltimore

**MEDICAL CERTIFICATE OF DEATH**
- DATE OF DEATH: May 12, 1934
- OCCUPATION: Truck driver
- OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Cerebral Edema

**21. DATE OF DEATH**
- May 12, 1934

**22. I HEREBY CERTIFY**
- That I attended deceased from
- Date of onset

**23. IF DEATH DUE TO EXTERNAL CAUSES (VIOLENCE)**
- Was there an autopsy?

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

**FILED**
- May 14, 1934, County Clerk

If more blanks are needed, address State Registrar, 2417 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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Distinguish carefully 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**

| 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: Carroll
   Village or City: Hampstead
   Registration Dist. No. 76
   No ___________________ St. ___________ Ward
   Length of residence in city or town where death occurred 09 yrs. __________ mos. __________ __________ ds. How long in U.S. if of foreign birth? __________ yrs. __________ mos. __________ ds.

2. FULL NAME: Thomas E. Miller
   (a) Residence: No.
   (b) Place of abode:

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX: Male
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed
   6. DATE OF BIRTH (month, day, and year): Nov 8, 1864
   7. AGE: 89 yrs. 6 mos. 1 ds.
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Farmer (farming)
   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: As Silk Mill, Saw Mill, Bank, etc
   10. DATE DECEASED LAST WORKED: This occupation (month and year)

   OCCUPATION

   12. BIRTHPLACE (city or town): Maryland
   13. NAME: Thomas E. Miller

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: May 9, 1934
   22. I HEREBY CERTIFY, That I attended deceased from

   5-2, 1934 to 5-5, 1934

   I last saw him alive on May 2, 1934. Deaf is said to have occurred on the date stated above, at 6 AM.

   OTHER CONTRIBUTORY CAUSE OF DEATH: Cerebral Hemorrhage

   Date of onset: June 1, 1934

   Other Contributory Causes of Importance:

   Name of operation: None
   What test confirmed diagnosis: None
   Was there an autopsy: No

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

   Accident, Suicide, or Homicide: Yes
   Date of Injury: June 1, 1934
   Where did injury occur: Home
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of Injury: Suicide
   Nature of Injury: None

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

   17. INFORMANT (Address): Mrs. Clinton Shipley
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Hampstead
      Date: May 17, 1934
   19. UNDERTAKER
      Address: M. D.

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

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**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: Carroll.
   Village or City: Springfield State Hospital, Md. Sykesville, Md.
   Registration Dist. No.: 71
   Length of residence in city or town where death occurred: 0 yrs. 1 mos. 5 ds.

2. FULL NAME: Mary A. Mooney.
   Residence: No. 1507 Clifton Ave., Baltimore, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5a. If married, widowed, or divorced
   HUSBAND of (or) WIFE of: James Mooney.

6. DATE OF BIRTH (month, day, and year): July 12, 1864.
7. AGE
   Years: 69.
   Months: 10.
   Days: 18.

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.:
10. Date deceased last worked at this occupation (month and year): 1932.

OCCUPATION

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

12. BIRTHPLACE (city or town) (State or country): Maryland.
13. NAME: James Sarton.
14. BIRTHPLACE (city or town) (State or country): Ireland.
15. MAIDEN NAME: Margaret Hopkins.
16. BIRTHPLACE (city or town) (State or country): Maryland.
18. BURIAL CREMATION, DEB REMOVAL
   Place: Cathedral Burying Ground.
   Date: June 2, 1934.
19. UNDERTAKER: Margaret J. Figg.

MEDICAL CERTIFICATE OF DEATH

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

   I last saw her alive on May 30, 1934, death is said to have occurred on the date stated above, at 5:30 p.m.
   The principal cause of death and related causes of importance were as follows:
   General Arteriosclerosis. 2 yrs.

Other Contributory Causes of importance:
   Acute Cardiac Dilatation. 5/30/34.

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

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

Manner of injury:
Nature of injury:

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

If so, specify: (Signed) John L. Wethered
   Address: Sykesville, Maryland.

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.

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<th>Example II</th>
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<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>July 4, 1924</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>Gallstones</td>
<td>May 1, 1923</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: Carroll
   Village or City: Sykesville
   Length of residence in city or town where death occurred: 27 yrs. 3 mos. 25 ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number:
   Springfield State Hospital, Ward

2. FULL NAME
   (a) Residence: No. (Usual place of abode)
   St., Ward: Not Aged, No.
   If nonresident give city or town and State of residence

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female
   White

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   Month, day, and year: May 18, 1874

7. AGE
   Years: 60
   Months: 0
   Days: 0
   If less than 1 day, ___ hrs. or ___ min.

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

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)
    Montgomery Co

13. NAME
    T. J. McNeil

14. BIRTHPLACE (city or town)
    Maryland

15. MAIDEN NAME
    Mary Baker

16. BIRTHPLACE (city or town)
    Maryland

17. INFORMANT
    N. McNeil

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cumberland
    Date: May 29, 1934

19. UNDERTAKER
    A. M. Swartz

20. FILED
    May 27, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Month: May
    Day: 29
    Year: 1934

22. I HEREBY CERTIFY that I attended deceased from January 1, 1934, to May 29, 1934.
    I last saw her alive on May 27, 1934, death is said to have occurred on the date stated above, at 7:45 a.m.

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

23. Date of onset: May 29, 1934

Other contributory causes of importance:

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

25. Name of operation:
   Date of:

26. What test confirmed diagnosis?
   Date of:

27. Was there an autopsy?

28. Accident, suicide, or homicide?
   Date of Injury:

29. Where did injury occur?
   (Specify city or town, county and state):

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

31. Manner of injury:

32. Nature of injury:

If more blanks are needed, address State Registrar, 2413 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<td>Arteriosclerosis</td>
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<td>3 days ago</td>
</tr>
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<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></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: Carroll
Village or City: near Gist, R.F.D.-Sykesville
Length of residence in city or town where death occurred: 33 yrs. 1 mos. 6 ds.

2. FULL NAME: Louisa Myerly

(a) Residence: near Gist, Md. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced: HUSBAND or (or) WIFE of Samuel A. Myerly

6. DATE OF BIRTH (month, day, and year): 1866-10-5

7. AGE: 67 yrs., 7 mos., 5 days

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.: 

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

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

12. BIRTHPLACE (city or town): Carroll Co., Maryland

13. NAME: Wesley Whalen
14. BIRTHPLACE (city or town): Unknown
15. MAIDEN NAME: Louisa Haines
16. BIRTHPLACE (city or town): Unknown

17. INFORMANT: Samuel A. Myerly
18. BURIAL, CREMATION, OR REMOVAL: Providence City
Date: May 13

19. UNDERTAKER: "M. H. Wall"

20. FILED: May 12, 1914
Registrar: Edgar M. Hewitt, M.D.

21. DATE OF DEATH

(Month) -- 10 -- 1914

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1934 to May 10, 1934. I last saw her alive on May 10, 1934. Death is said to have occurred on the date stated above, at 4:20 a.m. The principal cause of death and related causes of importance were as follows:

Chronic Intestinal Perforation

Other Contributory Causes of Importance: Acute Cardiac Failure

What was the cause of death?

Acute Cardiac Failure

Date of death: May 10, 1934

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

What was the cause of death? Acute Cardiac Failure

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

If so, specify: 

25. If so, specify:

Name of employer:

Dr. Charlesta M. Wall, M.D.

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

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.

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<tr>
<td><strong>Date of onset</strong></td>
<td><strong>1 year</strong></td>
</tr>
<tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Sykesville
   Registration Dist. No.: 74
   Springfield State Hospital
   Length of residence in city or town where death occurred: 8 yrs. 1 mos. 26 ds.

2. FULL NAME: Oscar O'Hara
   (a) Residence: No.
   (b) Place of abode: State, Ward:

   PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): March 14, 1912

7. AGE: Years 22, Months 1, Days 18

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, 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): N/A

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

12. BIRTHPLACE (city or town): Frederick County, Md.

13. NAME: Wadsworth O'Hara

14. BIRTHPLACE (State or country): Frederick County, Md.

15. MAIDEN NAME: N/A

16. BIRTHPLACE (city or town): Frederick County, Md.

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
   Church, Hill, etc.: Date: May 6, 1934

19. UNDERTAKER (Address): M. R. Ebelman, Sr., Frederick, Md.

20. FILED: May 12, 1934

21. DATE OF DEATH: May 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from

   January 1, 1934, to May 2, 1934.

   I last saw him alive on May 2, 1934; death is said to have occurred on the date stated above, at 9:10 p.m.

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

   Epilepsy since 1913
   Status epilepticus since 1913

   Other Contributory Causes of importance:
   Pulmonary edema

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of injury: May 2, 1934
   Where did injury occur?: Hospital Records

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

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

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

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

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

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

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

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<td>Arteriosclerosis</td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1925</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

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

### 1. PLACE OF DEATH
- County: Carroll
- Village or City: Linthicum

### 2. FULL NAME
- Name: Milton C. Casterling
  - Residence: No. Baltimore, 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>

- Date of Birth: Unknown
- Age: 38

- Occupation: Bookbinder

- Date of Death: May 20, 1934

### MEDICAL CERTIFICATE OF DEATH

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

22. **I HEREBY CERTIFY.**
- Place: Linthicum
- Date: 1934

Pulmonary Tuberculosis

### OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

- Name of operation: Home
- Nature of injury: Influenza

- Date of Injury: 1934

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

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

- Signature: John A. Morris

---

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 5.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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<th>Date of onset</th>
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<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>
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<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**

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

**Other contributory causes of importance:**

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Henryton, Maryland.
   Maryland Tuberculosis Sanatorium Colored Branch Reg. No. 74

2. FULL NAME
   (a) Residence: No. Rock Hall, Kent Co., Md.

PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>Female</th>
<th>4. COLOR OR RACE</th>
<th>Colored</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a. If married, widowed, or divorced</td>
<td>HUSBAND OF</td>
<td>Lester Williams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR (WIFE OF)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. DATE OF BIRTH (month, day, and year)
   Feb., 16, 1913

7. AGE
   Years: 21
   Months: 3
   Days: 10

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

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

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

11. Total time (years): Unknown
    (month, day, and year)

12. BIRTHPLACE (city or town.) Rock Hall, Maryland.
    (State or country)

13. NAME
    Wayman Pierce

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

15. MAIDEN NAME
    Helena Pierce

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

17. INFORMANT
    John E. O'Neill, M. D.
    Henryton, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place: Georgetown.
    Date: May 30, 1934

19. UNTERTAKER
    Wm. Linn
    Church, P. A.
    Address:

20. FILED
    5/26/34, 19
    Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    May 26, 1934.
    (Month) 1934
    (Day) 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934, to May 26, 1934.
    He was last seen alive on May 26, 1934.
    Death is said to have occurred on the date stated above, at 12:30 P.M.

23. If death was due to external cause (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.

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

Other Contributory Causes of Importance:

Date of settlement: Oct 1933

Name 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. 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.

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
July 5, 1933
7. AGE
Years: 10
Months: 11
Days: 11
If LESS than 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)
Maryland
(State or country)

13. NAME
Raymond E. Poole

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

15. MAIDEN NAME
Esther A. Blumfield

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

17. INFORMANT
Raymond E. Poole
(Fullname last)

18. BURIAL, CREMATION, OR REMOVAL
Place: Huntingdale
Date: May 16, 1934

19. UNDERTAKER
Edward D. Poole

20. FILED
May 16, 1934

21. DATE OF DEATH
(Month) 5
(Year) 1934
(Day) 16

22. I HEREBY CERTIFY, That I attended deceased from May 9 to May 16, 1934; I last saw him alive on May 16, 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 were as follows:
Bronchial Pneumonia
Date of onset: May 7, 1934

Other Contributary Causes of Importance:

Name of operation: None
What test confirmed diagnosis?: None
Was there an autopsy?: No

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide?: None
Date of Injury:
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: None
Nature of injury: None

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 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>Arteriosclerosis 1915</td>
<td>Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis 1921</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage July 22, 1927</td>
<td>Peritonitis 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1923</td>
<td>Gastroenteritis 1 year</td>
</tr>
</tbody>
</table>

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   WIDOWED
   HUSBAND or (Or) WIFE of
   Samilla J. Rount

6. DATE OF BIRTH (month, day, and year)
   Oct. 21, 1842

7. AGE
   Years: 91
   Months: 6
   Days: 18

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWNER, BOOKKEEPER, etc.
   Retired

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

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)
   England

13. NAME
   James Rount

14. BIRTHPLACE (CITY OR TOWN)
   (State or country)
   England

15. MAIDEN NAME
   Elizabeth Ayers

16. BIRTHPLACE (CITY OR TOWN)
   (State or country)
   England

17. INFORMANT
   Address: Mrs. Grace Burkholder

18. BURIAL, CREMATION, OR REMOVAL
   Place: Taneytown, Md.
   Date: May 1, 1934

19. UNOBTAINER
   Address: Mrs. Grace Burkholder

20. FILED
   May 14, 1934

21. DATE OF DEATH
   Month: 5
   Day: 9
   Year: 1934

22. I HEREBY CERTIFY that I attended deceased from 5-6, 1934, to 5-9, 1934
   Last saw him alive on 5-6, 1934; death is said to have occurred on the date stated above, at 5:00 a.m.

   The PRINCIPAL CAUSE OF DEATH was as follows:

   Arterio Sclerosis

   Date of onset

   Other Contributory Causes of importance:

   Date of operation

   Name of operation

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 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) T. H. Leary
   M.D.
   Address: Union Bridge, Md.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Caroline
Village or City: Westminster

2. FULL NAME
Margaret Anne Davilla Routzohn
(a) Residence: No.
(usual place of abode)
Manchester Ave.
St., Ward.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
Female
4. COLOR OR RACE
White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Widow
5a. If married, widowed, or divorced
HUSBAND OR (or) WIFE OF
John William Routzohn
6. DATE OF BIRTH (month, day, and year)
Oct. 24, 1860
7. AGE
73 yrs. 6 mos. 27 days
If less than 1 day, hours, or minutes.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Housework
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)
Frederick Co., Maryland
(State or country)

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
May 15, 1934

I HEREBY CERTIFY, That I attended deceased from
July 5, 1933, to May 15, 1934, and death is said
to have occurred on the date stated above, all 11 A.M.
The principal cause of death and related causes of importance
were as follows:

Carcinoma of uterus, May 33.

Other Contributory Causes of Importance:

Name of operation.
Hydrocelectomy
Date of:
Sept 25, 1933
What last confirmed diagnosis?
Rip. Eum.
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:
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?:
If so, specify:

(Signed) Dr. Shriver Ban M. D.
(Address)
Washington, D.C.

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 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.
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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 | 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: Carroll
- Village or City: Sykesville
- Length of residence in city or town where death occurred: 50 yrs.
- If death occurred in a hospital or institution, give its NAME instead of street and number.

**2. FULL NAME**
- Caroline Sellers

**PERSONAL AND STATISTICAL PARTICULARS**

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

| HUSBAND (or) WIFE OF | Daniel Sellers |

**DATE OF BIRTH**
- Month: Sept 26
- Day: 1845

**AGE**
- Years: 88
- Months: 7
- Days: 8
- If less than 1 day, specify hrs. or mins.

**DATE DECEASED LAST WORKED AT**
- Occupation: None
- Date: 1884
- Total time spent in this occupation (month and year): 1

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

**BIRTHPLACE (city or town)**
- (State or country): Maryland

**MOTHER FATHER NAME**
- Name: Richard Stager

**MAIDEN NAME**
- Name: Mary A. Dorman

**BIRTHPLACE (city or town)**
- (State or country): Maryland

**INFORMANT**
- Address: Sykesville

**BURIAL, CREATION, OR REMOVAL**
- Place: Maryland

**UNIVERSITY DEGREE**
- Date: May 6

**UNDERTAKER**
- Name: Edward E. Wilson

**FILED**
- Date: May 4, 1934

**REGISTRAR**
- Signature: T. W. Hecht

**DATE OF DEATH**
- Month: 8
- Day: 4
- Year: 1934

**MEDICAL CERTIFICATE OF DEATH**
- I HEREBY CERTIFY, That I attended deceased from April 27, 1934, to May 4, 1934.
- Last saw h.c. alive on May 3, 1934.
- Death is said to have occurred on the date stated above, at 5:00 p.m.
- The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
- Name of operation:
- Date of:
- What test confirmed diagnosis:
- Was there an autopsy:

**IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE)**
- Date of injury:
- Where did injury occur:
- Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

**MANNER OF INJURY**
- Nature of injury:

**WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
- If so, specify:

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.
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10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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

### Example I

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>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>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: Carroll
   Village or City: Sykesville
   Registration Dist. No.: 74
   No. Stationary, State, Hospital: Sykesville State Hospital
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

   Length of residence in city or town where death occurred: 5 yrs 16 mos 8 ds
   How long in U.S. if of foreign birth: yrs mos ds

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

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX: Female
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writhe the word):
   (If married, widowed, or divorced:
   HUSBAND or (or) WIFE of: Unknown Slick

   6. DATE OF BIRTH (month, day, and year):
   Dec. 23, 1875

   7. AGE
   Years: 59
   Months: 2
   Days: 16
   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) (State or country): Iowa

   13. NAME: Jerry W. Reig

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

   15. MAIDEN NAME: Mary Mitchell

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

   17. INFORMANT: Hospital Records
   Address:рагуатон M.R.

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Agateon MD Date May 12, 1924

   Address: Agateon MD

   20. FILED: May 9, 1924, at Hagerstown
   Registrar:

   21. DATE OF DEATH
   (Month, Day, Year): May 9, 1924

   22. I HEREBY CERTIFY, That I attended deceased from July 19, 1928, to May 9, 1924
   I saw her alive on May 1, 1924, and death is said to have occurred on the date stated above, et al.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Dementia Praecox
   Other Contributory Causes of importance:
   Cholecystitis and Cholelithiasis

   Date of death: 1924

   Name of operation: None
   Date of operation: None
   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 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): Hagerstown 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.

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

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

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<th>Example II</th>
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<tbody>
<tr>
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<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></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>May 1, 1933</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

There was bilateral frontal lobe atrophy, general emaciation with atrophic contractures of the flexors of the lower extremities and numerous decubitus ulcers.
1. PLACE OF DEATH

County
No. 66 Westover
St., Ward

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

5a. If married, widowed, or divorced

HUSBAND OF

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

7. AGE

Years

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

May 5

1934

22. I HEREBY CERTIFY, That I attended deceased from

May 5

1934

to have occurred on the date stated above, at

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

Other Contributory Cause of Importance:

Name of operation:

What test confirmed diagnosis?:

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

Place of occurrence:

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:

(Signed)

(Address)

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

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

To be complete, an occupation return must state:
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<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>
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</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 3, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

Date of onset: 1 year

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

1. **PLACE OF DEATH**
   - County: Carroll
   - Village or City: Sykesville
   - Springfield State Hospital, Ward
   - Length of residence in city or town where death occurred: yrs. 4 mos. 15 ds.
   - How long in U.S. or if of foreign birth: yrs. mos. ds.

2. **FULL NAME**
   - Annie S. Stoner
   - Residence: No. 316 Elizabeth St., Hagerstown, Md.

### PERSONAL AND STATISTICAL PARTICULARS

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

<table>
<thead>
<tr>
<th>5a. If married, widowed, or divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband of Charles O. Stoner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
<th>Jan. 1885</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. AGE</td>
<td>49 yrs. 4 mos.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housework</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>10. Date deceased last worked at this occupation (month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unk.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Total time (years) spent in this occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unk.</td>
</tr>
</tbody>
</table>

3. **OCCUPATION**
   - Pennsylvania

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
<th>Lupe Flickinger</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. BIRTHPLACE (city or town) (State or country)</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. MAIDEN NAME</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. BIRTHPLACE (city or town) (State or country)</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. INFORMANT (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.S. Hospital, Sykesville, Md.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place: Hagerstown, Md, Date: May 17, 1934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. UNDERTAKER (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. M. Sye, Son &amp; Sons, Hagerstown, Md</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. FILED (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 16, 1934, Hagerstown, Md</td>
</tr>
</tbody>
</table>

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 16th, 1934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1934, to May 15, 1934</th>
</tr>
</thead>
<tbody>
<tr>
<td>I last saw her alive on May 15, 1934; death is said to have occurred on the date stated above, at 4:50 a.m.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23. PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER CONTRIBUTORY CAUSES OF IMPORTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic valvular heart disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24. Was disease or Injury in any way related to occupation of deceased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25. If yes, specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Signed) John L. Withered, M. D.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>26. Address</th>
</tr>
</thead>
<tbody>
<tr>
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If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<td>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>RECEIVED</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>JUN 4 1921</td>
<td>8 days ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County...Barre...No. Registration Dist. No. 78
Village or City...Near Taylorsville...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

(a) Residence: No. Near Taylorsville, Md.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year)...Mar. 10, 1868
7. AGE...60

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)...Mar. 30, 1868

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

12. BIRTHPLACE (city or town)...Mt. Burnfield

13. NAME...Lydia Tyler

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

15. MAIDEN NAME...Becilia Hartlaugh

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

17. INFORMANT...Emery Wilhide

18. BURIAL, CREMATION, OR REMOVAL...Harmon...Date...June 7, 1934

19. UNDERTAKER...M. L. Greager & Son

20. FILED...5-31-1934...E. McFarren, Registrar

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<tr>
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<th>Date of onset</th>
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<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</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

<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>1 week ago</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: near Taneytown
   Length of residence in city or town where death occurred: yrs. mos. ds.
   No. St. Ward
   (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)
   (b) St. Ward.
   If nonresident give city or town and State
   Mrs. Catherine Virginia Winemiller

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
   4. COLOR OR RACE: W
   5. SINGLE, MARRIED, WIDOWED, OR DISSOLVED (marry the word)
      (a) Widow
         HUSBAND: Charles W. Winemiller
         (or) WIFE of
   6. DATE OF BIRTH: Dec. 14, 1845
   7. AGE: Years 88 Months 4 Days 22
      If LESS than 1 day, ___ hrs. or ___ mins.
   8. Trade, profession, or particular kind of work done: Housework
   9. Industry or business in which work was done: Housework
   10. Data deceased last worked at this occupation: (month and year)
   11. Total time (years) spent in this occupation: 1854

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May 16, 1934
   (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from
   April 1, 1934, to May 6, 1934.
   I saw h. or d. alive on May 6, 1934.
   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:
   Arthritis

   Other Contributory Causes of importance:
   Hyperpyrexia

   Name of operation: None
   Date of:
   What test confirmed diagnosis?: Clinical
   There was an autopsy:

   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:

   If so, specify:
   (Signed) Thomas M. Master M. D.
   (Address)

23. Was disease or injury in any way related to occupation of deceased? No
   If so, specify:

24. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 5.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
<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>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<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, 1937</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>

**Example II**

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Dayle Hill
   Registration Dist. No. 8
   St., Ward.
   Length of residence in city or town where death occurred yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED
   HUSBAND of: David Winters
   (or) WIFE of:

6. DATE OF BIRTH (month, day, and year)
   July 3 - 1945

7. AGE
   Years: 88
   Months: 1
   Days: 0

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

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

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

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

12. BIRTHPLACE (city or town)
    Dayle Hill

13. NAME
    Jacob Smith

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

15. MAIDEN NAME
    Hannah Smith

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

17. INFORMANT
    (Address) Mary Smith, 444 Main St., Dayle Hill, Maryland

18. BURIAL, CREMATION, OR REMOVAL
    Date: May 11, 1934
    Place: St. Peter's Cemetery
    Undertaker: Raymond M. Wright
    Register:

19. OTHER
    None

20. FILE
    May 9, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Month: May
    Day: 8
    Year: 1934

22. I HEREBY CERTIFY. That I attended deceased from __________, 19__, to __________, 19__, last saw h. alive on __________, 19__, death is said to have occurred on the date stated above, at __________, m.

23. PRINCIPAL CAUSE OF DEATH
    (Write the word)

Other Contributory Causes of Importance:

Name of operation: __________

24. 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)
   Nature of Injury: __________
   Manner of Injury: __________
   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?
    Yes
    If so, specify: __________
    (Address)
    (Signed)
    Acting Registrar

If more blanks are needed, address State Registrar, 2001 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>
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<td>July 5, 1927</td>
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</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1927 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN