STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Charles
   Village or City: Cambridge

2. FULL NAME
   Sex: Male
   Race: White
   Single, Married, Widowed, or Divorced: Married

3. DATE OF DEATH
   Month: May
   Day: 16
   Year: 1934

4. DATE OF BIRTH
   Month: 11
   Day: 5
   Year: 1859

5. OCCUPATION
   Occupation: Teacher

6. MOTHER'S NAME
   Name: Regan Biscoe

7. FATHER'S NAME
   Name: Robert J. Adams

8. INFORMANT
   Address: Cambridge

9. BURIAL, CREMATION, OR REMOVAL
   Place: Cambridge
   Date: May 17, 1934

10. UNDERTAKER
    Address: Cambridge

11. MEDICAL CERTIFICATE OF DEATH
    Date of Onset: May 9, 1934

12. OTHER CONTRIBUTORY CAUSES OF DEATH
    Operation: None
    Date: None
    Diagnosis: None
    Date of Diagnosis: None
    Autopsy: None

13. MANNER OF DEATH
    Nature of Injury: None

14. NATURE OF INJURY
    None

15. RELATIONSHIP TO DECEASED
    Husband of

16. DURATION OF DEATH
    Death Certificate

17. SIGNATURE OF REGISTRAR
    John M. D. St. John

18. SIGNATURE OF REGISTER
    John M. D. St. John

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>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<td>1 week ago</td>
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<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
  - Date of onset: May 1, 1923

**Example II**

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
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</table>

Other contributory causes of importance:

- Gastroenteritis
  - Date of onset: 1 year

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge, Md.
   Length of residence in city or town where death occurred: 7 yrs., mos., ds.

2. FULL NAME: Sarah Della Bennett.
   Residence: No. 6 Race St., Cambridge, Md.

3. PERSONAL AND STATISTICAL PARTICULARS
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed
   6. DATE OF BIRTH: 1852
   7. AGE: 82

4. OCCUPATION: House Work

6. DATE OF DEATH: May 12th, 1934

8. MEDICAL CERTIFICATE OF DEATH
   21. I HEREBY CERTIFY, That I attended deceased from May 7, 1934, to May 12, 1934.
   22. I last saw him alive on May 12, 1934; death is said to have occurred on the date stated above, at 12 Noon.

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

   Chronic Diphtheria

   Myocarditis

   Other Contributory Causes of Importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: Date of injury: May 12, 1934
   Where did injury occur? (Specify city or town, county, and state)
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

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

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To be complete, an occupation return must state:

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge, Md.
   Registration Dist. No.: JI6
   NO. Cambridge Md. Hospital, St. 5
   Ward: 1
   Length of residence in city or town where death occurred: 31 yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Reita Bennett Benton.
   (a) Residence: No. 209 Belvedear Ave., St. 1 Ward.
   (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): 5/25/1898

7. AGE: Years 35
       Months 11
       Days 23
       If LESS than
       1 day, hrs.
       or min.

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

9. OCCUPATION: Telephone Operator

10. DATE deceased last worked at this occupation (month, day, year):
    5/4/34

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

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

13. NAME: Wm. C. Bennett.

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

15. MAIDEN NAME: Emily Fisher.

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

17. INFORMANT: Frances Matthews.
    (Address: Cambridge, Md.)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cambridge, Md.
    Date: 5/30/34

19. UNDERTAKER: Granville S. LeCompte.
    (Address: Cambridge, Md.)

20. FILED: 5-31-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May 28th, 1934
    (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    May 5, 1934, to May 28, 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:
   Meningitis, meningocele.

   Other Contributory Causes of importance:

   Name of operation: None.
   Date of operation: None.
   Diagnosis: Unknown.
   Was there an autopsy: No.

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

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

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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

   County: **Worcester**
   Village or City: **Dennis**
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME

   **Lorna A. Blades**

3. SEX

   **Female**

4. COLOR OR RACE

   **White**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

   **Widowed**

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

   **Oct. 8, 1887**

7. AGE

   **74 Years 7 Months 1 Days**

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

   **Doves**

9. OCCUPATION

   **Dove**

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

    **Dec.**

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

    **In:**

12. BIRTHPLACE (CITY OR TOWN)

    **Maryland**

13. NAME

    **George Marshall**

14. BIRTHPLACE (CITY OR TOWN)

    **Dover City, Del.**

15. MOTHER NAME

    **Eliza Jane Pace**

16. BIRTHPLACE (CITY OR TOWN)

    **Delaware, Del.**

17. INFORMANT

    **E. A. Blades**

18. BURIAL, CREMATION, OR REMOVAL

    **E. W. Marshall**

19. UNDERTAKER

    **E. W. Marshall**

20. FILED

    **May 21, 1937**

21. DATE OF DEATH

    **May 21, 1937**

22. I HEREBY CERTIFY

    That I attended deceased from May 21, 1937, to May 21, 1937.

    The principal cause of death was chronic myocar disease.

23. OTHER CONTRIBUTORY CAUSE OF DEATH

    **Arteriosclerosis**

24. MANNER OF DEATH

    **Suicide**

25. NATURE OF INJURY

    **Suicide**

26. ADDED FACTS

    **No**
UNITED STATES STANDARD CERTIFICATE OF DEATH

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge
   No.: R.F.D. (Bucksport)
   Registration Dist. No.: 1
   Ward: 6

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

   [Signature]

   [Date]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

   [Signature]

6. DATE OF BIRTH (month, day, and year)
   May 29, 1934

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

8. TRADE, OCCUPATION, OR PARTICULAR KIND OF WORK DONE
   (Write)
   Infant

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

10. Date deceased last worked at this occupation (month end year)
   [Signature]

11. Total time (years) spent in this occupation
   [Signature]

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

13. NAME
   Shemonee D. Tugger

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

15. MAIDEN NAME
   Lillie Mae Combs

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

17. INFORMANT
   [Signature]

18. BURIAL, CREMATION, OR REMOVAL
   Place: Bucktown, Md.
   Date: 5-31, 1934

19. Undertaker
   [Signature]

20. FILED
   5-31, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   May 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from
   May 20, 1934, to May 29, 1934
   I last saw her alive on May 29, 1934, death is said
   to have occurred on the date stated above, et 11 P.M.
   The principal cause of death and related causes of importance
   were as follows:
   Premature Birth (7 mos.)

   [Signature]

   [Date of onset]

   Other Contributory Causes of Importance:
   [Signature]

   Terminating Breast Cancer
   [Signature]

   Name of operation
   [Signature]

   What test confirmed diagnosis?
   [Signature]

   Was there an autopsy?
   [Signature]

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

   Date of injury
   [Signature]

   Where did injury occur?
   [Signature]

   Specify whether the injury occurred in INDUSTRy, in HOME, or in PUBLIC PLACE
   [Signature]

   Manner of injury
   [Signature]

   Nature of injury
   [Signature]

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

   (Signed)
   A. A. Tugger
   M. D.

   [Address]

   [Address]

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<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</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: Dorchester
   Village or City: Cullerton
   Length of residence in city or town where death occurred: 60 yrs. mos. ds.

2. FULL NAME
   Robert Chester
   Residence: No. Cullerton

3. SEX
   Male

4. COLOR OR RACE
   White

5a. If married, widowed, or divorced
   Husband of (or) Wife of: Benjamin Chester

6. DATE OF BIRTH (month, day, and year): 1874 ? ?

7. AGE
   Years: 60
   Months: 0
   Days: 0

8. Trade, profession, or occupation:
   Farmer

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): April 1934

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

12. BIRTHPLACE (city or town)
   Maryland

13. NAME
   Benjamin Chester

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

15. MAIDEN NAME
   Mandel Sade

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

17. INFORMANT
   Benjamin Chester

18. BURIAL, CREMATION, OR REMOVAL
   Place: Cullerton
   Place and Date: May 21, 1934

19. UNDERTAKER
   H. M. Clark

20. FILED
   5-21-1934

21. DATE OF DEATH
   Month: May
   Day: 18
   Year: 1934

22. I HEREBY CERTIFY, That I attended deceased from
   May 5, 1934, to May 18, 1934
   I last saw him alive on May 18, 1934; death is said
   to have occurred on the date stated above, at 12:01 a.m.
   The principal cause of death and related causes of importance
   were as follows:

   Other Contributory Causes of Importance:

   Name of operation: Date of:

   What test confirmed diagnosis? Comment: Date of:

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?: Date of Injury: 19
   Where did injury occur?: Specify city or town, county and State:
   Specify whether injury occurred in INDUSTRY, at 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) Carl M. Clark
   M.D.

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

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

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

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

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

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

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

<table>
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<tr>
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<td>1931</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, 1925</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Dorchester
   - Village or City: Near Rhodesdale
   - 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**
   - JACOB COLE
     - Residence: Near Rhodesdale (Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>M</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>6a. If married, widow, or divorced</td>
<td>HUSBAND OF</td>
<td>Jacob Cole</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b. Date deceased last worked at this occupation</td>
<td>Nov 1933</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Trade, profession, or particular kind of work done</td>
<td>Labourer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Industry or business in which work was done</td>
<td>SAW MILL, BANK, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Date deceased last worked at this occupation</td>
<td>Nov 1933</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
   - (Month) 1/5
   - (Day) 1934

22. **I HEREBY CERTIFY** that I attended deceased from
   - 4/1/34 to 4/7/34

23. The principal cause of death and related causes of importance were as follows:
   - Date of onset
   - Other Contributory Causes of Importance:

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?
   - Manner of injury
   - Nature of injury

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

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

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

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

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<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Selbytown
   Length of residence in city or town where death occurred: 4 yrs. mos. days

2. FULL NAME: William F. Collison
   (a) Residence: No.
   (b) St., Ward.
   (c) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of
   Sallie E. Collison

6. DATE OF BIRTH (month, day, and year): May 5, 1956
7. AGE: 78 years 3 months 0 days

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

OCCUPATION: Farmer

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.
13. NAME: John Collison
14. BIRTHPLACE (city or town) (State or country): Md.
15. MAIDEN NAME: Peggy Mouth
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Walter Collison, Deaford, Del. M.D.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Brookview
   Date: May 10, 1934


20. FILED: May 27, 1934

21. DATE OF DEATH (Month, Day, Year): May 8th, 1934

I HEREBY CERTIFY, That I attended deceased from May 8th, 1934, to May 18th, 1934; death is said to have occurred on the date stated above, at 12 m.

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

Mary Ellen

Other Contributory Causes of importance:

Name of operation

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?

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) A. F. Kittle M.D.

ADDRESS

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1929</th>
<th>Other contributory cause of importance:</th>
<th>1 year</th>
</tr>
</thead>
</table>

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

1. **PLACE OF DEATH**
   - County: **Pershister**
   - Village or City: **Cambridge**
   - Length of residence in city or town where death occurred: **30 yrs. mos. 9 ds.**
   - If death occurred in a hospital or institution, give its **NAME** instead of street and number.

2. **FULL NAME**
   - (a) Residence: **206 W. Main St., Cambridge**
   - **Mrs. Josephine Cooke**
   - **Marion E. Cooke**

3. **SEX**
   - **Female**

4. **COLOR OR RACE**
   - **White**

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

6. **DATE OF BIRTH**
   - **Aug 4, 1854**

7. **AGE**
   - **79 years, 9 months, 25 days**

8. **OCCUPATION**
   - **Handmaiden**

9. **DATE DECEASED TOOK PLACE AT THIS OCCUPATION**
   - **May 9, 1934**

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

11. **DATE OF DEATH**
    - **May 9, 1934**

12. **BIRTHPLACE**
    - **Dorcus, Ind.**

13. **NAME**
    - **Joseph Cooke**

14. **BIRTHPLACE**
    - **Dorcus, Ind.**

15. **MAIDEN NAME**
    - **Elizabeth Terma**

16. **BIRTHPLACE**
    - **Dorcus, Ind.**

17. **INFORMANT**
    - **Mrs. Marion Jenkins**

18. **BURIAL, CREMATION, OR REMOVAL**
    - **Cambridge, Ind.**
    - **May 31, 1934**

19. **UNDERTAKER**
    - **J. L. Albury**

20. **FILED**
    - **May 31, 1934**

**MEDICAL CERTIFICATE OF DEATH**

22. I HEREBY CERTIFY, that I attended deceased from **May 7, 1934** to **May 9, 1934**

23. **PRINCIPAL CAUSE OF DEATH**
    - **Widowed Heart**

24. **OTHER Contributory CAUSE OF DEATH**
    - **[Blank]**

25. **NAME OF PATIENT**
    - **[Blank]**

26. **DATE OF DEATH**
    - **May 9, 1934**

27. **WHERE DEATH OCCURRED**
    - **Cambridge, Ind.**

28. **MANNER OF DEATH**
    - **[Blank]**

29. **NATURE OF INJURY**
    - **[Blank]**

30. **WAS THERE AN AUTOPSY?**
    - **[Blank]**

31. **WHAT TEST CONFIRMED DIAGNOSIS?**
    - **[Blank]**

32. **DATE OF INJURY**
    - **[Blank]**

33. **WHERE DID INJURY OCCUR?**
    - **[Blank]**

34. **SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.**
    - **[Blank]**

35. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - **[Blank]**

36. **SIGNATURE**
    - **[Blank]**

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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Other contributory causes of importance: Other contributory causes of importance:

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

1. PLACE OF DEATH
County Dorchester
Village or City Cambridge, Md.

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

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year) 5/30/34
7. AGE Years x
Months x
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. x
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. x

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

12. BIRTHPLACE (city or town) Cambridge, Md.
(State or country)
13. NAME Brerewood Davis.
14. BIRTHPLACE (city or town) Cambridge, Md.
(State or country)
15. MAIDEN NAME Rose M. Weigle.
16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Brerewood H. Davis.
Cambridge, Maryland.
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md.
Date 6/1/34

19. UNDERTAKER Granville S. LeCompte.
Cambridge, Md.

20. FILED 5-31-1934
(Permission)
(Street)

REGISTRATION DIST. NO. 116
Registration Dist. No. 116
Cambridge Maternity Hospital Ward

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY That I attended deceased from May 30, 1934 to June 1, 1934, and death is said to have occurred on the date stated above, at 12 Noon.

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

Other Contributing Causes of importance:

Name of operation Signature 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
(Signature)

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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.

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of Onset</th>
<th>Example II</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<td>1 week ago</td>
</tr>
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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:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
</tr>
</thead>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gastroenteritis</th>
<th>1 year</th>
</tr>
</thead>
</table>

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Severna Park
   Length of residence in city or town where death occurred: 80 yrs. 10 mos. 20 ds.

2. FULL NAME
   (a) Residence: No. 123 Main St.

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year): 7/1/1854

   7. AGE: Years = 80, Months = 10, Days = 20

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

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

   10. Data deceased last worked at this occupation: 1932

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

   12. BIRTHPLACE (city or town): Lawrenceville, MD

   13. NAME: Thomas Dean

   14. BIRTHPLACE (city or town): Lawrenceville, MD

   15. MAIDEN NAME: Elizabeth Robinson

   16. BIRTHPLACE (city or town): Lawrenceville, MD

   17. INFORMANT: Mrs. Mary Dean

   18. BURIAL, CREMATION, OR REMOVAL: Lawrenceville

   19. UNDERTAKER: Lawrence & Dean

   20. FILED: May 23, 1934

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: May 21, 1934

   22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1924, to May 21, 1934.

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

   Accident, suicide, or homicide: No

   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

   Signature: 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.

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Example I

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

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

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

2. **FULL NAME**
   - Sarah Kent
     - Residence: No. East New Market St., Ward.

### 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>Female</td>
<td>Cal</td>
<td>Married</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced
   - HUSBAND of: James H. Kent
   - WIFE of: Date: Jan 5, 1855

6. **DATE OF BIRTH**
   - Month: Jan
   - Day: 5
   - Year: 1855

7. **AGE**
   - Years: 35
   - Months: 5
   - Days: 5
   - If LESS than 1 year, hrs. or min.: 0

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

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

10. Date deceased last worked at this occupation (month and year)
    - Date: 1935

11. Total time (years) spent in this occupation
    - Years: 1935

12. **BIRTHPLACE (city or town)**
    - East New Market

13. **NAME**
    - Cheva J. Fassade

14. **BIRTHPLACE (city or town)**
    - Minor (State or country)

15. **MAIDEN NAME**
    - Jacoba Jones

16. **BIRTHPLACE (city or town)**
    - Minor (State or country)

17. **INFORMANT**
    - Address

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: East New Market
    - Date: May 10, 1935

19. **UNDERTAKER**
    - Address

20. **FILED**
    - Date: May 10, 1935

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
    - Month: May
    - Day: 10
    - Year: 1935

22. **I HEREBY CERTIFY**
    - That I attended deceased from May 7, 1935, to May 10, 1935. I last saw him alive on May 10, 1935; death is said to have occurred on the date stated above, at 142.1 m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   - Date of onset: 4/11/35
   - Hydropsy, due to pregnancy's specific cause not known. 5/13/35

   Other Contributory Causes of Importance:
   - Exploratory laparotomy, found no organ under local anesthesia, to exclude ovarian cyst.
   - Name of operation: Exploratory Laporotomy, Date of: 5/13/35
   - What test confirmed diagnosis?: System
   - Was there an autopsy?: No

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

24. Was disease or injury in any way related to occupation of deceased?: No
    - If so, specify
    - Nature of Injury
    - Signed: John Monroe
    - M. D.

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

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

To be complete, an occupation return must state:
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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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

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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.

Example I

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
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</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
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<tbody>
<tr>
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<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: Dorchester
   Village or City: Crapo
   Registration Dist. No.: 114
   No. St., Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>18</td>
<td>x</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
   Oct. 6, 1933

6. DATE OF BIRTH (month, day, and year): Sept. 20, 1933
7. AGE: 7 yrs. 8 mo.

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

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

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

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

13. NAME: Fairbanks Elliott
14. BIRTHPLACE (city or town): Des Moines
    (State or country):
15. MAIDEN NAME: Elzie Emella
16. BIRTHPLACE (city or town): Des Moines
    (State or country):

17. INFORMANT: Father
    (Address): Crapo MD

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

19. UNDERTAKER: Lewis Baynun
    (Address):

20. FILED: May 19, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May 19, 1934

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

   I last saw him/her alive on April 14, 1934; death is said
to have occurred on the date stated above, at a.m.

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

   Did not attend
   Since April
   Cutting and /& Cold
   Other Contributory Causes of importance:
   Name of operation:
   Date of onset:
   Date of:
   What test confirmed diagnosis:
   Was there an autopsy?:

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

   Manner of injury:
   Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed): T. E. Durrill
   (Address): 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

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<tr>
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</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
PLACE OF DEATH
County
Dorchester

Village or City
Vienna, R.D. A, Md

FULL NAME
John Fisher

PERSONAL AND STATISTICAL PARTICULARS
3 SEX 1 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED
Male  White  Married

6 DATE OF BIRTH
07-15-1873

7 AGE
60 yrs. 6 mos. 13 days or min.

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

9 BIRTHPLACE
(State or country)

10 NAME OF FATHER
George W. Fisher

11 BIRTHPLACE OF FATHER
(State or country)  N. Y.

12 MAIDEN NAME OF MOTHER
Colasa Hurley

13 BIRTHPLACE OF MOTHER
(State or country)  Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant  Lloyd Kelley
(Address)  Cambridge, B. D.

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 112
St:  Ward

DATE OF DEATH
May 26th, 1934

MEDICAL CERTIFICATE OF DEATH
17 I HEREBY CERTIFY, that I attended the deceased from May 16th, 1934, to May 23rd, 1934, that I last saw him alive on May 23rd, 1934, and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH was as follows:
Angina Pectoris

Contributory
Secondary

(Signed)  Edward W. Kelley
M.D.

May 26th, 1934 (Address) Vienna, Md.

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

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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL
Vienna
May 28th, 1934

20 UNDERTAKER

ADDRESS
1. PLACE OF DEATH
   County: Baltimore
   Village or City: Hambridge
   Registration Dist. No.: 116
   No. Fletcher Town St., Ward.
   Length of residence in city or town where death occurred: yrs. 2 mos. ds.

2. FULL NAME: Frederick Thomas Fletcher
   (a) Residence: No. Fletcher Town St., Ward.

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: M.
   4. COLOR OR RACE: C.
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant
   6. DATED OF BIRTH (month, day, and year): Mar. 23, 1934
   7. AGE: Years 2 Months 0 Days
   8. Trade, profession, or particular kind of work done: Infant
   9. Industry or business in which work was done: Infant
   10. Date deceased last worked at occupation: Done
   11. Total time (years) spent in this occupation: No
   12. BIRTHPLACE (city or town): Hambridge
      (State or country)
   13. NAME: Francis M. Fletcher
   14. BIRTHPLACE (city or town): Hambridge
      (State or country)
   15. MAIDEN NAME: Francis M. Marshall
   16. BIRTHPLACE (city or town): Hambridge
      (State or country)
   17. INFORMANT (Address): Francis M. Fletcher, Fletcher Town
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Hambridge
      Method: Cremation
      Date: May 25, 1934
   19. UNDERTAKER (Address): Henry A. Vodny
      Address: 1877 Young
   20. FILED: May 23, 1934

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: May 23, 1934
   22. I HEREBY CERTIFY: That I attended deceased from
      May 23, 1934, to May 23, 1934
      I last saw her: May 23, 1934, at 5:30 A.M.
      Death is said to have occurred on the date stated above,
      The PRINCIPAL CAUSE OF DEATH and related causes of importance
      were as follows:
      Date of onset: 3-20-1934
      Other Contributory Causes of importance:

   MOTHER FATHER
   Name of operation: clerical.
   Date of:
   What test confirmed diagnosis? C.
   Was there an autopsy? M?
   23. If death was due to external causes (VIOLENCE) fill in also the following:
      Accident, suicide, or homicide? M.
      Date of injury: May 23, 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: clerical.
      Nature of injury: clerical.
   24. Was disease or injury in any way related to occupation of deceased?
      If so, specify: clerical.
      (Signed): Francis M. Fletcher
      (Address): Fletcher Town
   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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10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1931</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge
   No. St., Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 43, Cambridge St., Ward.
   Personal and Statistical Particulars

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   May 7, 1884

7. AGE
   Years: 49
   Months: 11
   Days: 19

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

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

10. Date deceased last worked at this occupation (month and year)
    May 7, 1934

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

12. BIRTHPLACE (city or town, State or country)
    Ashland, Pa.

13. NAME
    Rose Garman

14. BIRTHPLACE (city or town, State or country)
    Ashland, Pa.

15. MAIDEN NAME
    Elizabeth Morgan

16. BIRTHPLACE (city or town, State or country)
    Ashland, Pa.

17. INFORMANT
    Camil E. Garman

18. BURIAL, CREMATION, OR REMOVAL
    Place: Ashland, Pa.
    Date: May 7, 1934

19. UNDERTAKER
    Frank E. Allman

20. FILED
    May 7, 1934

21. DATE OF DEATH
    May 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1934, to May 6, 1934, last seen alive on May 6, 1934, death said to have occurred on the date stated above, at 12:04 am.

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

Acute Influenza—complication of sequel of any other disease.

Other Contributory Causes of Importance:

Cerebrovascular Disease

Possibly alcoholism

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Where did injury occur?
   Date of injury
   Nature of injury
   Manner of injury

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

If so, specify

Address

(Signed)

Date of issue

(Addressee)

M.D.

Registrar
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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<td>Arteriosclerosis</td>
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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

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**Example II**

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

---

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

---

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: Dorchester
   Village or City: Reeds Grove, Md.
   No. St., Ward
   Length of residence in city or town where death occurred yrs., mos., ds.

2. FULL NAME
   (a) Residence: No. Reeds Grove, Md.
   St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   Single

4. COLOR OR RACE
   Colored

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

6. DATE OF BIRTH (month, day, and year)
   1879

7. AGE
   Years: 65
   Months: ?
   Days: ?
   If LESS than 1 day, _______ hrs. or _______ min.

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

9. Industry or business in which work was done, as 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)
    Raleigh, North Carolina

13. NAME
    Unknown

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

15. MAIDEN NAME
    Unknown

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

17. INFORMANT
    Moses Stafford
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cambridge, Md.
    Date: Mar. 31, 1935

19. UNDERTAKER
    Lewis Reynolds
    (Address)

20. FILED
    May 31, 1935
    Dr. H. W. McElveen

21. DATE OF DEATH
   May 19, 1935
   I HEREBY CERTIFY That I attended deceased from
   May 17th, 1935, to May 21st, 1935
   I last saw him alive on May 17th, 1935; death did not have occurred on the date stated above, at 11:00 a.m.
   The principal cause of death and related causes of importance were as follows:
   Chronic Tuberculosis
   Heart Disease

22. OTHER CERTIFICATIVE CAUSES OF IMPORTANCE
   Chronic Asthma

23. If death was due to external cause (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide
   Date of Injury: Mar. 31, 1935
   Where did injury occur? (Specify city or town, county, and State)
   Cambridge

24. If death was due to external cause (VIOLENCE) fill in also the following:
   Manner of injury
   Nature of injury

25. If death was due to external cause (VIOLENCE) fill in also the following:
   If so, specify
   Nature of injury

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

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

To be complete, an occupation return must state:

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

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

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

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

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:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

**Example II**

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Baltimore  
   Village or City: Andrews

2. FULL NAME
   Name: R. Lewis Hayward

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

4. DATE OF DEATH
   Date: May 31, 1935

5. BIRTHPLACE
   State or Country: Virginia

6. OCCUPATION
   Occupation: None

7. MARRIED, WIDOWED, OR DIVORCED
   If married, widowed, or divorced, HUSBAND of: Spurgeon T. Hayward
   or WIFE of: Spurgeon T. Hayward

8. DATE OF BIRTH
   Day: 12-3-1863

9. AGE
   Years: 70  
   Months: 5  
   Days: 8

10. Total time spent in this occupation (months and years): 20 years

11. Total time spent in this occupation (months and years): 5 years

12. BIRTHPLACE (city or town)
   State or Country: Virginia

13. NAME
   Name: Mrs. Lewis H. Hays

14. Mother's Name
   Name: Mrs. L. H. Hays

15. MOTHER'S NAME
   Name: Mrs. L. H. Hays

16. BIRTHPLACE (city or town)
   State or Country: Virginia

17. INFORMANT
   Address: G. E.ONA

18. BURIAL, CREMATION, OR REMOVAL
   Place: Baltimore

19. UNDERTAKER
   Address: A. T. HAYES

20. FILED
   Date: May 23, 1935

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

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge, Maryland
   Hospital: 
   Registration Dist. No. 16
   St., Ward: 
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME: Willie Hooper
   (a) Residence: No. 225 Washington St., Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): Nov. 13, 1911

7. AGE: 22 yrs. 6 mos. 10 days

   If LESS than 1 day, hrs. or min.

8. TRADE, PROFESSION, OR PARTICULAR WORK DONE: None

9. INDUSTRY OR BUSINESS: None

   Work was done, as SILK MILL, SAW MILL, BANK, etc.

10. OATH 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: Albania Hooper
   (MOTHER or FATHER)

14. BIRTHPLACE (CITY OR TOWN): Crofton, Md.
   (State or country)

15. MAIDEN NAME: Gertrude Johnson

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

17. INFORMANT: Albania Hooper
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Crofton, Md. Date: June 27, 1939

19. UNDERTAKER: Carroll Millard
   (Address)

20. FILED: 5-26-39
   By: O. E. Barbours
   Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May 23
   (Month) 1939
   (Day) 1939
   (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1939, to May 23, 1939.
   I last saw him alive on May 23, 1939, and death is said to have occurred on the date stated above, at 8 P.M.

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

   1. DEATH CERTIFIED: Pregnancy
   Date of onset: May 23, 1939

Other Contributory Causes of Importance:

   Name of operation: None
   Cause of death: None
   Date of operation: None

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Date of injury: May 23, 1939
   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): Albina Hooper M. O.
   (Address): Crofton, Md.

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

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge, Maryland Hospital
   Registration Dist. No.: 11
   St.: Ward:
   Length of residence in city or town where death occurred:

2. FULL NAME: Baby Boy Hooper
   (a) Residence: No. House:
   (b) Place of abode:

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   HUSBAND OF: None

6. DATE OF BIRTH (month, day, and year): May 23, 1934
7. AGE: Years: Months: Days:
   If LESS than 1 day, hours or minutes:

8. Trade, profession, or particular kind of work done: Soldier
9. Industry or business in which work was done: Army
10. Date deceased last worked at this occupation (month and year): May 23, 1934
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Cambridge
    (State or country):
13. NAME: Willie Brown
14. BIRTHPLACE (city or town):?
    (State or country):
15. MAIDEN NAME: Willie Hooper
16. BIRTHPLACE (city or town): Maryland
    (State or country):
17. INFORMANT (Name, Address): Not available
18. BURIAL, CREMATION, OR REMOVAL:
    Place: Cambridge
    Date: May 23, 1934
19. UNDERTAKER: Not available
20. FILED: May 25, 1934

21. DATE OF DEATH:
   (Month) May
   (Day) 23
   (Year) 1934

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1934, to May 23, 1934, to have occurred on the date stated above, at: May 23, 1934.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Date of onset: May 23, 1934
   Other Contributory Causes of Importance:
   Placenta praevia

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

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

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

(Signed):
(Address):

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County: Dorchester
Village or City: Hurlock
Length of residence in city or town where death occurred: yrs. __ mos. __ ds.

2. FULL NAME: Liza E. Hubbard
(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) Sept. 10, 1857

7. AGE Birth Years 76
   Months 8
   Days 0
   If LESS than 1 day, __ hrs. __ 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) Hurlock
    (State or country)

13. NAME Wm. Murray

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

15. MAIDEN NAME Viney Lake

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

17. INFORMANT Raymond Hubbard (Address) Federalsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Federalsburg
   Date: 5/13/1944

19. UNDERTAKER W. H. Hollis & Son
    (Address) Preston, Md.

20. FILED 5/12/1944

21. DATE OF DEATH May 10, 1944
   (Month) 10
   (Day) 1934

22. I HEREBY CERTIFY: That I attended deceased from May 12, 1934, to May 10, 1934.
   (Month) 12
   (Day) 1944
   (Year) 10
   I last saw her alive on May 10, 1934. Death is said to have occurred on the date stated above, at 7:00 P.M.
   The principal cause of death and related causes of importance were as follows:
   
   CHRONIC INTESTINAL NAGPATH
   
   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   
   ARTERIO-OCCLUS
   
   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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

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

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

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

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

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

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

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

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

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

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

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

1. PLACE OF DEATH
   County: [redacted]
   Village or City: [redacted]
   Registration Dist. No.: 116
   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
   (a) Residence: No.
      (Usual place of abode)
      If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      F. W.

   4. COLOR OR RACE

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

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

   7. AGE
      Years: [redacted]
      Months: [redacted]
      Days: [redacted]

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

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

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

   11. Total time (years) spent in this occupation

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

   13. NAME
       [redacted]
   14. FATHER
       [redacted]
   15. MAIDEN NAME
       [redacted]
   16. BIRTHPLACE (city or town)
       (State or country)
   17. INFORMANT
       (Address)
   18. BURIAL, CREMATION, OR REMOVAL
       Place: [redacted]
       Date: 15-26, 1934
   19. UNDERTAKER
       (Address)
   20. FILED: 5-7-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

   22. I HEREBY CERTIFY. That I attended deceased from
       [redacted]
       I last saw him alive on
       [redacted]
       I certify that death is said to have occurred on the date stated above, at
       [redacted]

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

   Brueche

   Other Contributory Causes of importance:

   Name of operation
   Date of
   What test confirmed diagnosis? [redacted]
   Was there an autopsy? [redacted]

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

      Accident, suicide, or homicide? [redacted]
      Date of injury: [redacted]
      Where did injury occur? [redacted]
      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? [redacted]

   If so, specify
   (Signed) [redacted]

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JUN 5 1921</td>
</tr>
<tr>
<td>Gallstones</td>
<td>July 6, 1927</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 week ago</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, 1925</td>
</tr>
<tr>
<td>Date of onset</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: Dorchester
   Village or City: Vienna
   No. St. Ward
   Length of residence in city or town where death occurred: 0 yrs. 0 mos. 0 ds.
   How long in U.S. if of foreign birth: 0 yrs. 0 mos. 0 ds.

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

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): May 9, 1934
7. AGE: Years 0 Months 0 Days
   Born Dead
   If LESS than 1 day, hrs. or min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: SPINNER, SAWYER, BOOKKEEPER, etc.
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: WHEEL MILL, SAWS 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): Vienna, VA

13. NAME: Edward Johnson
14. BIRTHPLACE (city or town)
    (State or country): Vienna, VA
15. MAIDEN NAME: Clementine Jackson
16. BIRTHPLACE (city or town)
    (State or country): Regent

17. INFORMANT
    (Address): Alice Jackson, Wife
18. BURIAL, CREMATION, OR REMOVAL
    Place: Vienna
    Date: May 9, 1934

19. UNDERTAKER
    (Address): Family

20. FILED: May 9, 1934

21. DATE OF DEATH: May 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from _______ to _______. I last saw him/her _______.
   The principal cause of death and related causes of importance are as follows:
   Stillborn
   Attended by midwife

MEDICAL CERTIFICATE OF DEATH

Other Contributory Causes of Importance:

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

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

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed): Elizabeth M. Bishop
   (Address): Vienna
   Local Registrar

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

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

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
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**Example I**

<table>
<thead>
<tr>
<th>Cause of death and related causes of importance</th>
<th>Date of onset</th>
<th>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></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones
- May 1, 1923

**Example II**

<table>
<thead>
<tr>
<th>Cause of death and related causes of importance</th>
<th>Date of onset</th>
<th>Cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**Additional Space for Further Statements by Physician**


STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Dorchester
Village or City: Rhodesdale
Registration Dist. No.: 1

2. FULL NAME

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

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

7. AGE

8. OCCUPATION

9. BIRTHPLACE (city or town)

10. PERIOD OF EMBRACE

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

21. DATE OF DEATH

22. MEDICAL CERTIFICATE OF DEATH

I, hereby certify, That I attended deceased from

I last saw him alive on

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

[Signature]

Other Contributory Causes of Importance:

[Signature]

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy?

23. Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Medically or in home, in Public Place)

Manner of Injury

Nature of injury

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

(Signature)

(Address)

If so, specify

Date of

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

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

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

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

1. PLACE OF DEATH
   County: Dorchester CO
   Village or City: Cambridge, Md
   No. St. Ward
   Length of residence in city or town where death occurred: 30 yrs., 0 mos., 0 ds.
   How long in U.S. or foreign birth? yrs., mos., ds.

2. FULL NAME
   Wm Merrill Jones
   (a) Residence: No. Hughlett St.
   St., 4 Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. If married, widowed, or divorced
   HUSBAND of (or) WIFE of Amethia Cook Jones

7. DATE OF BIRTH (month, day, year)
   2/21/1884

8. TRADE, PROFESSION, OR PARTICULAR
   Laborer

9. OCCUPATION
   (Be specific—SPINNER, SAWYER, BOOKKEEPER, etc.)

10. DATE DECEASED LAST WORKED AT
    this occupation (month and year)
    5/21/34

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

12. BIRTHPLACE
    (city or town)
    Deals Island, Md.

13. NAME
    Wm. M. Jones

14. BIRTHPLACE
    (city or town)
    Deals Island, Md.

15. MAIDEN NAME
    Cornelia Abbott

16. BIRTHPLACE
    (city or town)
    Deals Island, Md.

17. INFORMANT
    Rodney Todd
    Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Deals Island, Md, 5/24/34

19. UNDERTAKER
    Granville S. LeCompte
    Cambridge, Md.

20. FILED
    May 24, 1934

21. DATE OF DEATH
    May 22, 1934

22. I HEREBY CERTIFY, that I attended deceased from
    dead on arrival, May 19, 1934, at 1:30 A.M., and death is said to have occurred on the date stated above, at 1:30 A.M.

23. The principal cause of death and related causes of importance were as follows:
    (Name of Hospital)
    Unspecified Disease
    (Specify probable Cause)
    (Cerebral Edema)

24. Other Contributory Causes of importance:
    Inquest waived.

V.S. No. 1

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

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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>Gallstones</td>
<td>May 1, 1923</td>
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</table>

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

## 1. PLACE OF DEATH
- County: Dorchester
- Village or City: Cambridge
- Hospital: [Redacted]
- Registration Dist. No.: 1
- St.: [Redacted]
- Ward: [Redacted]

## 2. FULL NAME
- Charles H. Kiah
- (a) Residence: 257 Seden St., Ward.
- (Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
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<tr>
<td>Male</td>
<td>Caled.</td>
<td>Married</td>
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5e. HUSBAND OF: [Redacted]

6. DATE OF BIRTH (month, day, and year): July 22, 1889

7. AGE: 45 Year 10 Months 13 Days

8. Trade, profession, or particular kind of work done: [Redacted]

9. Industry or business in which work was done: [Redacted]

10. Data deceased last worked at this occupation (month and year): May 1

11. Total time (years and months) spent in this occupation: 25 Years

12. BIRTHPLACE (city or town): Cambridge

13. NAME: Charles H. Kiah

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

15. MAIDEN NAME: [Redacted]

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

17. INFORMANT (Address): [Redacted]

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER: L. A. BLANKENSHIP

20. FILED: May 24, 1934

## 21. DATE OF DEATH
- Date: May 21, 1934

## 22. MEDICAL CERTIFICATE OF DEATH

- I HEREBY CERTIFY: That I attended deceased from May 13, 1934 to May 21, 1934.
- I last saw him alive on May 21, 1934; death is said to have occurred on the date stated above, et. 8:30 A.M.
- The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

  - Lung Cancer, Appendicitis

- Other Contributory Causes of importance:

  - Coronary Artery Disease
  - General Paralysis

- Name of operation: [Redacted]
- Date of operation: [Redacted]

- What test confirmed diagnosis? [Redacted]
- Was there an autopsy? [Redacted]

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

- Accident, suicide, or homicide? [Redacted]
- Data of injury: [Redacted]
- Where did injury occur? [Redacted]
- Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

- Manner of injury: [Redacted]
- Nature of injury: [Redacted]

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

- If so, specify:

  - (Signed): [Redacted] M.O.
  - (Address): 126 Race St., Cambridge

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

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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.

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

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<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County, Rochester
Village or City, Nac

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

2. FULL NAME, Edith Lewellen
(a) Residence: No. Madison, Maryland
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX, Female
4. COLOR OR RACE, Cal

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

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

6. DATE OF BIRTH (month, day, and year), June 23, 1918
7. AGE, Years 15, Months 10, Days 19

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. Data deceased last worked at this occupation (month and year) Sep 23

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

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

13. NAME, George Lewellen

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

15. MAIDEN NAME, Sophia Chare

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

17. INFORMANT, Edith Lewellen
(Address)

18. BURIAL, CREMATION, OR REMOVAL, Place Madison

19. UNDERTAKER, Church Street
(Address)

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH, May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1934, to May 17, 1937.
I last saw him alive on March 10, 1934; death is said to have occurred on the date stated above, at 9 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculosis?

Other Contributory Causes of importance:

Name of operation

What last confirmed diagnosis?

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 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) Thomas Lewellen
(Address) Madison, 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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Example I

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

| Other contributory causes of importance: | 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: Dorchester
   - Village or City: Cambridge, Md.
   - Hospital: Cambridge Md Hospital
   - Length of residence: yrs. 13 mos. 18 ds.

2. **FULL NAME** Mary Elizabeth Linthicum.
   - (a) Residence: Church Creek, Md.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5a. If married, widow, or divorced
   - HUSBAND or (or) WIFE of Henry D. Linthicum.

6. **DATE OF BIRTH** (month, day, and year) 11/3/1898

7. **AGE**
   - Years: 35
   - Months: 6
   - Days: 6

8. **OCCUPATION** House Wife

9. **DATE deceased last worked at this occupation (month end year)** 1932

10. **Total time (years) spent in this occupation** 18

11. **BIRTHPLACE** (city or town)
   - (State or country) Dorchester Co

12. **MOTHER**
   - NAME: Mary E. Asplin.
   - BIRTHPLACE (city or town)
   - (State or country) Dorchester Co

13. **INFORMANT** Mrs Charlotte Keene.
   - Address: Cambridge, Md.

14. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Church Creek, Md.
   - Date 5/11/34

15. **UNDERTAKER** Granville S. LeCompte.
   - Address: Cambridge, Md.

16. **FILED** 1934-35-37

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - Month: May
   - Day: 9th
   - Year: 1934

22. I HEREBY CERTIFY, That I attended deceased from July to May 9, 1934, saw h. alive on July 19, 10.55 A.M.; death is said to have occurred on the date stated above, at 11:55 A.M.

23. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   - Date of onset: April 1934
   - Other Contributory Causes of importance:

24. If death was due to external causes (VIOLENCE) fill in also the following:
   - Nature of injury.
   - Place of occurrence.
   - Date of injury.
   - Manner of injury.
   - Nature of injury.

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

   - M.D.
   - Address: Cambridge, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Peritonitis</td>
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<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>RECEIVED 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>JUN 1 1921</td>
<td>1 week ago</td>
</tr>
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<td>July 5, 1927</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge
   Location: Bayley Road
   Registration Dist. No.: 116
   Ward: 8

2. FULL NAME
   (a) Residence: No. Bayley Road
   Place of abode: Cambridge

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   (a) Race: White

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

   HUSBAND OF
   Nestor Matthews

6. DATE OF BIRTH (month, day, year)
   July 20, 1869

7. AGE
   65 Years
   3 Months
   2 Days
   If LESS than 1 day, ... hrs. ... min.

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

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

10. Date deceased last worked at this occupation (month and year)
    July 15, 1934

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

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

13. NAME
    Adina Matthews

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

15. MOTHER NAME
    Fannie Downey

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

17. INFORMANT
    MARGARET WRIGHT
    Address: Bayley Road

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cambridge
    Date: 6-23, 1934

19. UNDERTAKER
    Address: 318 Main St., Cambridge

20. FILED
    5-23, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 2
   (Day) 4
   (Year) 1934

22. I HEREBY CERTIFY
   That I attended deceased from May 22, 1934, to July 19, 1934
   I last saw him alive on May 19, 1934. Death is said to have occurred on the date stated above, at...

23. THE PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   "Senility"
   (Specify cause of death or other cause, if any, other than natural disease in parenthesis)
   Date of onset: May 23, 1934
   Other Contributory Causes of Importance:

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

Registrar

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

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<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 ____________________________ No. ____________________________
   Village or City ____________________________ St. ____________________________
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred ______ yrs., ______ mos., ______ ds.
   How long in U.S. If of foreign birth? ______ yrs., ______ mos., ______ ds.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME ____________________________

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

15. MOTHER NAME ____________________________

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

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place ____________________________ Date ____________________________

19. UNDERTAKER (Address)

20. FILED ____________________________

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH ____________________________
   (Month) ______ (Day) ______ (Year) ______

22. I HEREBY CERTIFY that I attended deceased from ____________________________ to ____________________________.

23. Accident, suicide, or homicide? ____________________________ Date of injury ______

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

If so, specify ____________________________

(Signed) ____________________________ M.O.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

If more blanks are needed, address State Registrar, 221 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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**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>Jun 5, 1934</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
County: Howard
Village or City: Cambridge
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
(a) Residence: No. 209
St., Ward.

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

6. DATE OF BIRTH (month, day, and year)
5/15/34
7. AGE Years Months Days
52

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

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

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

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

13. NAME
Vernon Montoya

15. MAIDEN NAME
Amy Westley

16. BIRTHPLACE (city or town)
Cambridge, Md.

17. INFORMANT
Alice Montoya

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED
May 5, 1934

REGISTRATION DIST. NO.
1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No. 1

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

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

To be complete, an occupation return must state:

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

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

**Other contributory causes of importance:**

- **Gallstones**
  - **May 1, 1923**

**Example II**

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

**Other contributory causes of importance:**

- **Gastroenteritis**
  - **1 year**
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Dorchester
Village or City: Hurlock

2. FULL NAME

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

Rhoda A. Nichols

3. SEX

Female

4. COLOR OR RACE

White

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

Married

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

May 2, 1857

7. AGE

Years: 77
Months: 8
Days: If LESS than 1 day, hrs., or min.

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

Housework

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

Saw Mill, Bank, etc.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

At this occupation

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

Years

12. BIRTHPLACE (CITY OR TOWN)

(State or country)

13. NAME

Mother

14. BIRTHPLACE (CITY OR TOWN)

(State or country)

15. MAIDEN NAME

Elizabeth Kraft

16. BIRTHPLACE (CITY OR TOWN)

(State or country)

17. INFORMANT (ADDRESS)

W. J. Nichols

18. BURIAL, CREMATION OR REMOVAL

Place

California, Date: May 27, 1934

19. UNDERTAKER (ADDRESS)

F. B. Nichols

20. FILED: 5/22/1934, Clerk: McHarg

Registrar: M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles St., Baltimore, Requesting U. S. No. 10.
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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<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
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</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
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<td>Gastroenteritis</td>
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<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

PLACE OF DEATH
County... Dorchester
Village or City... Cambridge, Md.

2. FULL NAME... Mary L. Orem.
(a) Residence: No.... Henry St.

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

6. DATE OF BIRTH... 7/18/1883
7. AGE... 50

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

OCCUPATION... None

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

12. BIRTHPLACE (city or town)... Princess Anne, Md.

13. NAME... John K. Orem.
14. BIRTHPLACE (city or town)... Caroline Co., Md.
15. MAIDEN NAME... Mary E. Orem.
16. BIRTHPLACE (city or town)... Worchester Co., Md.

17. INFORMANT... Mrs Mary E. Airey.
(Access)... Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL... Cambridge, Md.

19. UNDERTAKER... Granville S. LeCompte.
(Access)... Cambridge, Md.

20. FILED... May 11, 1934.

Registration Dist. No.... II 6
St., Ward.... X

Length of residence in city or town where death occurred... 34 yrs.
mos. ds.

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

21. DATE OF DEATH... May 13th, 1934

I HEREBY CERTIFY, That I attended deceased from... X
The Principal CAUSE OF DEATH and related causes of importance were as follows:

Other Contributory Causes of Importance:

Name of operation... Date of...

What was the confirmed diagnosis?... Date of...
Was there an autopsy?...

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

Accident, suicide, or homicide?... Data of Injury...
Where did injury occur?...
(Specify city or town, county and State)
Spacify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

Manner of Injury...
Nature of Injury...

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

(address)...
Registar...

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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<tr>
<td>1916</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
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<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
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<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
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<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: Dorchester
   Village or City: Hurlock, Md.
   Length of residence in city or town where death occurred: yrs., mos., ds.
   Registration Dist. No.: 129
   St., Ward
   (If death occurred in a hospital or institution, give in NAME instead of street and number)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (unless the word)
   Single (infant)
   Husband of (or) Wife of

6. DATE OF BIRTH (month, day, and year)
   May 4, 1934

7. AGE
   Years 0
   Months
   Days
   If less then 1 day, hr. or. min.

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.

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

11. Total time (years spent in this occupation)

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

13. NAME
    Loris Parker

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

15. MAIDEN NAME
    Lizzie Adams

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

17. INFORMANT
    Name
    Address

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Date

19. UNDERTAKER
    Name
    Address

20. FILED
    May 6, 1934
    Chas W. Faethrus
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    May 4, 1934
    (Month) 1934
    (Day) 19 (Year)

22. HEREFORE CERTIFY, That I attended deceased from
    9th, May 19, to 11th, May 19, 1934.
    I last saw him alive on May 4th, 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:
    Premature Birth
    about 6/4 months gestation
    Cause of death not known
    Other Contributory Causes of importance:
    General frailty of
    organs of
    Name of operation
    Nee
    Date of
    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
    Date of injury
    Where did injury occur
    (Specify city or town, county and State)
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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

If more blanks are needed, address Registrar, 2470 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

**Example II**

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

**1. PLACE OF DEATH**

<table>
<thead>
<tr>
<th>County</th>
<th>Dorchester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village or City</td>
<td>Cambridge, Md</td>
</tr>
<tr>
<td>No. St., Ward</td>
<td></td>
</tr>
<tr>
<td>Length of residence in city or town where death occurred yrs. mos. ds.</td>
<td></td>
</tr>
<tr>
<td>How long in U.S. if of foreign birth yrs. mos. ds.</td>
<td></td>
</tr>
</tbody>
</table>

**2. FULL NAME**

<table>
<thead>
<tr>
<th>Name</th>
<th>James H. Patterson</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Residence: No.</td>
<td>106 James</td>
</tr>
<tr>
<td>St., Ward</td>
<td></td>
</tr>
<tr>
<td>If nonresident give city or town and State</td>
<td></td>
</tr>
</tbody>
</table>

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | Male |
| 4. COLOR OR RACE | White |
| 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widowed |
| 5a. If married, widowed, or divorced | Husband of Margaret E. Gilbi |
| 6. DATE OF BIRTH (month, day, and year) | Aug 5, 1865 |
| 7. AGE | 68 Years 9 Months 26 Days |
| 8. Occupation | Railroad Engineer |
| 9. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc. | |
| 10. Date deceased last worked at this occupation (month and year) | |
| 11. Total time (years) spent in this occupation | 35 yrs |

**MEDICAL CERTIFICATE OF DEATH**

| 21. DATE OF DEATH | May 30, 1934 |
| 22. I HEREBY CERTIFY, That I attended deceased from No. December to May 30, 1934. I last saw him alive on May 30, 1934, death is said to have occurred on the date stated above at 4:30 p.m. |
| 23. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Myocardial infarction, acute, with myocardial fibrosis. |
| 24. Other Contributory Causes of importance: Chronic nephritis, diabetes, tuberculosis |

**REGISTRATION**

| Date of death | May 30, 1934 |
| Place of death | Cambridge, Md |
| Date of death | May 30, 1934 |

**OTHER INFORMATION**

| Name of operation | Chronic nephritis |
| Date of operation | |
| What test confirmed diagnosis | Chronic nephritis |
| Was there an autopsy? | Yes |
| Accident, suicide, or homicide? | No |
| Date of Injury | 1934 |
| Where did injury occur? | Specified city or town, county and State |
| Whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE. | |
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example 1</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td>May 1, 1933</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
<tr>
<td>1 week ago</td>
<td></td>
</tr>
<tr>
<td>1 week ago</td>
<td></td>
</tr>
<tr>
<td>3 days ago</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Hurlock R.F.D.
   Registration Dist. No. 1/10
   Length of residence in city or town where death occurred: yrs. _ mos. _ ds.

2. FULL NAME: Annie E. Payne
   (a) Residence: No. _ Hurlock, Md. R.F.D. St., _ Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Jan. 14th, 1866
7. AGE: 68 yrs. 3 mos. 18 days

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

9. OCCUPATION: House Work

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Jan. 14th, 1866

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

12. BIRTHPLACE (city or town) (State or country): Dorchester Co., Md.
13. NAME: William Russell
14. BIRTHPLACE (city or town) (State or country): Dorchester Co., Md.
15. MAIDEN NAME: Mary Hamilton Smiley
16. BIRTHPLACE (city or town) (State or country): Dorchester Co., Md.

17. INFORMANT: Mrs. Elizabeth Edge
   (Address): Hurlock, Md. R.F.D.
18. BURIAL, CREMATION, OR REMOVAL: Washington Cemetery, Date: May 14th, 1934
   (Address): Hurlock, Md.
19. UNDERTAKER: F. T. E. Ford, Asst. M.D.
   (Address): Feederburg, Md.
20. FILED: Aug. 7, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May 2nd, 1934
22. I HEREBY CERTIFY: That I attended deceased from 4/1, 1934, to 5/2, 1934.
   I last saw deceased alive on 5/2, 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:
   (Specify: Asthma and Ectopic Cerebral Hemorrhage)
   Date of onset: [Blank]
   Other Contributory Causes of Importance:

Name of operation: [Blank]
What test confirmed diagnosis?: [Blank]
Was there an autopsy?: [Blank]

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

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify: [Blank]
   (Signed): [Blank]
   (Address): [Blank]

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

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

To be complete, an occupation return must state:

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

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

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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:

Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
County: Doxeda
Village or City: Cambridge, Md.

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

3. SEX
Male

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Wife of)

5a. If married, widowed, or divorced

6. DATE OF BIRTH (month, day, and year)
Mar. 17, 1934

7. AGE
Years: 2
Months: 6
Days: 1

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)
Mat. Harr
(State or country)

13. NAME
Raymond J. Doxeda

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

15. MOTHER NAME
Elizabeth

16. BIRTHPLACE (city or town)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Bur. Howes
Comm. Date: May 25, 1934

19. UNDERTAKER (Address)

20. FILED: 5-23-1934

21. DATE OF DEATH
(Month) May 23
(Year) 1934

22. I HEREBY CERTIFY that I attended deceased from 19 to 19, 1934.

I last saw him alive on 1934.

Date of onset: 5-23-34

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

Other Contributory Causes of importance:

Name of operation: 

What test performed? 

Date of specimen: 

Was there an autopsy?

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

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

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) 

Registrar

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

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<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
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<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1916</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County Reids Grove
   Village or City
   Registration Dist. No. 1
   No. St. Ward
   Length of residence in city or town where death occurred

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female
4. COLOR OR RACE
   Colored
5a. If married, widowed, or divorced
   HUSBAND OR WIFE OF
6. DATE OF BIRTH (month, day, and year)
   Nov. 1st 1893
7. AGE
   Years 47 Months 0 Days 6
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   House Work
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 2, 1934
22. I HEREBY CERTIFY That I attended deceased from
   Aug. 1933 to May 2, 1934
   I last saw her alive on
   May 1, 1934
   Death is said to have occurred on the date stated above, at
   Chronic Cardiac
23. Other Contributory Causes of importance:
24. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Where did injury occur?
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.
25. Manner of injury
   Nature of injury
26. Was disease or injury in any way related to occupation of deceased?
   If so, specify

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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---

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

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

---

**Example II**

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

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

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: East New Market
   Registration Dist. No.: 111
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Mary E. Ross
   (a) Residence: East New Market

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

   6. DATE OF BIRTH (month, day, year): Dec 25, 1869
   7. AGE: 65 Years 5 Months 4 Days

   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: None
   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: None
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): 1893

   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 20

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

   13. NAME: Richard Smith

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

   15. MAIDEN NAME: Harriet Jones

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

   17. INFORMANT (ADDRESS): Thomas J. Ross
      East New Market

   18. BURIAL, CREMATION, OR REMOVAL: East New Market
      (PLACE)
      (DATE)

   19. UNDERTAKER: H. F. Waddour
      East New Market

   20. FILED: May 19, 1934

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: May 29, 1934

   22. I HEREBY CERTIFY: That I attended deceased from
      May 14, to May 29, 1934
      I last saw him alive on May 14, 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:

   Carcinoma of Left Breast

   Other Contributory Causes of importance:
   Aortic Regurgitation

   Name of operation: 
   Was there an autopsy: 

   23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) fill in also the following:
      Accident, suicide, or homicide: 
      Date of injury: 
      Where did injury occur: 
      (Specify city or town, county and State)

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

   24. FILED: May 19, 1934
      (Address) M.D.

   If more blanks are needed, address State Registrar, 2013 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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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.

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

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

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

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

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

2. FULL NAME
   (a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   Feb 9, 1860

7. AGE
   Years 74
   Months 8
   Days 10

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, SAWMILL, BANK, etc.

10. Date deceased last worked at this occupation
    May 6, 1934

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

12. BIRTHPLACE (city or town)
    Germany

13. NAME
    Muro

14. BIRTHPLACE (city or town)
    Germany

15. MAIDEN NAME
    Muro

16. BIRTHPLACE (city or town)
    Germany

17. INFORMANT
    Mrs. Willis Anderson

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Date

19. UNDERTAKER
    F. L. Anderson

20. FILED
    By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    May 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    May 4, 1934, to May 18, 1934.

   I last saw him alive on
   19
   19
   19
   19
   19

   death is said to have occurred on the date stated above, at
   B.S. 10, m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Cerebral Apoplexy
   May 16, 1934

   Other Contributory Causes of importance:
   Chronic Diabetes

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

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

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

25. Manner of injury
   Nature of injury

26. 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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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Dorchester
   Village or City: James, Md.
   Registration Dist. No. 116
   No. x
   St., x Ward
   Length of residence in city or town where death occurred: 43 yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Mary Katherine Seward.
   (a) Residence: No. James, Md.
   St., x Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Late J. Edward Seward.

6. DATE OF BIRTH (month, day, and year) 9/28/1865.

7. AGE Years 68 Months 7 Days 20

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.

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

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

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

13. NAME Louis Grasmick

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

15. MAIDEN NAME Mary E. Hauf.

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

17. INFORMANT
   Mrs. Estelle Dall.
   James, Md.
   Address

18. BURIAL, CREMATION, OR REMOVAL
   Place: James, Md.
   Date: 5/20/34.

19. UNDERTAKER
   Granville S. LeCompte.
   Cambridge, Md.
   Address

20. FILED
   May 28, 1934.
   Registrar

21. DATE OF DEATH
   May 18th, 1934

22. I HEREBY CERTIFY
   That I attended deceased from May 15, 1934, to May 18, 1934, I last saw him or her alive on May 17, 1934; death is said
   to have occurred on the date stated above, at 5:50 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:

   Hypertension Cardiac Disease

   Other Contributory Causes of importance:

   Name of operation.
   Date of.

   What test confirmed diagnosis?
   Examin. 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 or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of injury.
   Nature of injury.

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

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

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</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>
</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: Wachester
- Village or City: Wachesters W.
- Registration Dist. No.: 116
- Length of residence in city or town where death occurred: yrs, mos, ds.

## 2. FULL NAME
- Charles Augustus Shenton
  - Residence: No. 11 East Wachesters

## 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></td>
<td></td>
<td>Single</td>
</tr>
</tbody>
</table>

## 6. DATE OF BIRTH
- Month, day, and year: April 16, 1934

## 7. AGE
- Years: 50
- Months: 4
- Days: 1

## MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 5, 1934</td>
</tr>
</tbody>
</table>

## 22. I HEREBY CERTIFY, That I attended deceased from

- May 3, 1934, to May 5, 1934

## 23. If death was due to external causes (VIOLENCE) fill in the following:
- Accident, suicide, or homicide: No
- Date of injury: 19
- Where did injury occur?
- Manner of injury: Natural
- Nature of injury: Natural

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

Name of operation: None

What test confirmed diagnosis?: None

Was there an autopsy?: No

## 25. OTHER CONTRIBUTARY CAUSE OF DEATH:
- Secondary streptococcus

Date of onset: 2 da.

Dermatitis Exfoliativa

Date of onset: 6 da.

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housewife, indicate in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, 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>1915</td>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 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: Frederick Co.
Village or City: Emmitsburg
St.:
No.: 1
St., Ward:
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 607 S. Summit St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

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

7. AGE

Years: 45
Months: 11
Days: 1

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Robert Childs

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place:

19. UNDERTAKER

(Address)

20. FILED

May 11, 1935

21. DATE OF DEATH

5-11-1935

22. I HEREBY CERTIFY, That I attended deceased from

5-21-1934 to 5-11-1935

I last saw him to have occurred on the date stated above, etc.

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

Accident, suicide, or homicide?

Date of injury:

Manner of injury:

Nature of injury:

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

If so, specify

(Date of Occurrence)

Other Contributory Causes of importance:

Name of operation:

Date of:

Wet test confirmed diagnosis?:

Date of:

Was there an autopsy?

DATE OF:

SIGNATURE:

REGISTRAR:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>June 15, 1924</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 2, 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1929 |

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: Dorchester
   - Village or City: Reeds 
   - Registration Dist. No.: 112

2. **FULL NAME**
   - Baby Campbell Mullens

3. **SEX**
   - F

4. **COLOR OR RACE**
   - Col

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

6. **DATE OF BIRTH**
   - Feb 19, 1927

7. **AGE**
   - Years: 0
   - Months: 2
   - Days: 16
   - If LESS than 1 day, _______________ hrs. or _______________ min.

8. **OCCUPATION**
   - [Blank]

9. **DATE deceased last worked at this occupation (month and year)**
   - [Blank]

10. **Total time (years) spent in this occupation**
    - [Blank]

11. **DATE OF DEATH**
    - May 6th, 1934

12. **PLACE OF DEATH**
    - Reeds, Dorchester

13. **NAME**
    - Baby Campbell Mullens

14. **BIRTHPLACE (city or town)**
    - [Blank]

15. **MOTHER FATHER**
    - [Blank]

16. **MAIDEN NAME**
    - Grace Loaphus

17. **INFORMANT**
    - Grace Campbell (Mother)

18. **BURIAL, CREMATION, OR REMOVAL**
    - [Blank]

19. **UNDERTAKER**
    - [Blank]

20. **FILED**
    - May 7, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **I HEREBY CERTIFY**
    - That I attended, deceased from May 5th, 1934 to May 6th, 1934
    - I last saw the deceased alive on May 5th, 1934, death is said to have occurred on the date stated above at 7 p.m.

22. **THE PRINCIPAL CAUSE OF DEATH and related causes of importance**
    - Tuberculosis

23. **Other Contributory Causes of Importance**
    - [Blank]

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

25. **If so, specify**
    - [Blank]

26. **(Signed)**
    - [Signature] M.D.

---

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

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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 “labourer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

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

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: Dorchester Co.
   - Village or City: Cambridge
   - Length of residence in city or town where death occurred: 17 yrs, 4 mos, 17 days

2. **FULL NAME**
   - Rosamine Traverse

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - Single

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

6. **DATE OF BIRTH**
   - Aug 29, 1912

7. **AGE**
   - 18 Years, 4 Months, 17 Days

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

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

10. **Date deceased last worked at this occupation**
    - Aug 29, 1912

11. **Total time in this occupation**
    - 9 mos.

12. **BIRTHPLACE (city or town)**
    - Hoopers Island, Tech Co., Md.

13. **NAME**
    - Samuel H. Traverse

14. **BIRTHPLACE (city or town)**
    - Hoopers Island, Tech Co., Md.

15. **MAIDEN NAME**
    - Emmeline Traverse

16. **BIRTHPLACE (city or town)**
    - Hoopers Island, Tech Co., Md.

17. **INFORMANT**
    - Guilla Traverse

18. **BURIAL, CREMATION, OR REMOVAL**
    - Wounds at date: May 29, 1934

19. **UNDERTAKER**
    - Henry A. Rodory

**MEDICAL CERTIFICATE OF DEATH**

20. **DATE OF DEATH**
    - May 22, 1934

21. **I HEREBY CERTIFY**
    - That I attended deceased from March 1, 1924, to May 18, 1934
    - I last saw him alive on May 18, 1934; death is said to have occurred on the date stated above, at 11:30 A.M.
    - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

    - **Syphilis of Stomach**
      - Date of onset: May 1, 1933
      - Duration: 22 mos.

    - Other Contributory Causes of importance:

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

22. **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...

23. **Was disease or injury in any way related to occupation of deceased?**
    - If so, specify... (Signed)... M.D.

**FILED**

- 1934
- Registrar

If more blanks are needed, address State Registrar, 2417 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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

Other contributory causes of importance:

Other contributory causes of importance:

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

PLACE OF DEATH

County: Dorchester
Village or City: Cambridge, Md.

(a) Residence: No. Ivyland, Pa.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

14. BIRTHPLACE (city or town): Dorchester Co., Md.
(State or country)

15. MAIDEN NAME: Hennie Hurley.
16. BIRTHPLACE (city or town): Dorchester Co., Md.
(State or country)

17. INFORMANT (Address): Allen Hurley, Cambridge, Md.
18. BURIAL, CREMATION, OR REMOVAL: Cambridge, Md. Date 5/14/34.


MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May 12th, 1934

22. I HEREBY CERTIFY, That I attended deceased from
May 12, 1934, to May 12, 1934.
I first saw deceased alive on May 13, 1934; death is said
to have occurred on the date stated above, at 11:15 A.M.
The principal cause of death and related causes of importance
were as follows:

Other Contributory Causes of Importance:

Nurse: "
Date of:
 Dia
c

What test confirmed diagnosis? clinical.
Was there an autopsy? No.

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

Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify:
(Signed) Dr. W. K. Shearer M.D.
(Address) Cambridge, Md.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

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

1. PLACE OF DEATH
   County... Dorchester
   Village or City... Cambridge
   Registration Dist. No... Ward.
   Length of residence in city or town where death occurred... yrs... 9 mos... 17 ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX... Male
   4. COLOR OR RACE... White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED... MARRIED
      (Indicate the word)
   5a. If married, widowed, or divorced HUSBAND OF (or) WIFE OF... Rachel Broadway
   6. DATE OF BIRTH... (month, day, and year)
      (Month)... unkown
      (Day)... unkown
      (Year)... unkown
   7. AGE... Years... 70
      Months... unkown
      Days... unkown
      If LESS than 1 year... yrs... mos... ds.
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWSMITH, BOOKKEEPER, etc...
      Laborer
   9. Industry or business in which work was done, as SILK MILL, SAWMILL, BANK, etc...
      Farm
   10. Date deceased last worked at this occupation (month and year)
      Anthology
   11. Total time (years) spent in this occupation (lifetime)
      unkown

   12. BIRTHPLACE... (city or town)
      (State or county)
      unkown
   13. NAME... unkown
   14. BIRTHPLACE... (city or town)
      (State or county)
      unkown
   15. MAIDEN NAME... unkown
   16. BIRTHPLACE... (city or town)
      (State or county)
      unkown
   17. INFORMANT... Eastern Shore State Bank
      (Address)
   18. BURIAL, CREMATION, OR REMOVAL
      Place... unkown
      Date... unkown
      19. UNDERTAKER... unkown
      (Address)
   20. FILED... unkown
      Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH... May... 20th... 1934
   (Month)... (Day)... (Year)
   22. I HEREBY CERTIFY that I attended deceased from...
      Longwood... 1933... to...
      unkown... 1934...
      I last saw him/... alive on...
      unkown... 1934...
      Death is said to have occurred on the date stated above, at...
      unkown
      The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
      Arteriosclerosis... 1931
      Other Contributory Causes of importance:
      unkown

   Name of operation...
   Date of...
   What test confirmed diagnosis?
   Was there an autopsy?
   23. If death was due to external causes (VIOLENCE) fill in also the following:
      Accident, suicide, or homicide...
      Date of injury...
      Where did injury occur?
      (Specify city or town, county, and State)
      Specify whether injury occurred in INDUSTRY, HOME, or PUBLIC PLACE.
      Manner of injury...
      Nature of injury...
      24. Was disease or injury in any way related to occupation of deceased?
      If so, specify...
      (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No."
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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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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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</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, 1933 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

## 1. PLACE OF DEATH
- County: Dorchester
- Village or City: Cambridge
- Registration Dist. No.: D
- Date: Jan 1934

## 2. FULL NAME
- Sex: Male
- Name: Isaac A. Dyke
- Residence: 3 2nd St., Cambridge, Ward.

## 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>MARRIED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH</th>
<th>11/19/1861</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Month, day, and year)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
<th>7</th>
<th>6</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years</td>
<td>Months</td>
<td>Days</td>
<td>If LESS than 1 day, hrs. or min.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>10. Date deceased last worked at this occupation (month and year)</th>
<th>1930</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11. Total time (years) spent in this occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1930</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town)</th>
<th>13. NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harper Island</td>
<td>Isaac A. Dyke</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. BIRTHPLACE (city or town)</th>
<th>15. MAIDEN NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harper Island</td>
<td>Caroline Dyke</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. BIRTHPLACE (city or town)</th>
<th>17. INFORMANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harper Island</td>
<td>Paul A. Dyke</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place: Cambridge</td>
</tr>
<tr>
<td>Date: 12/19/1934</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. UNDERTAKER</th>
<th>20. FILED</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. N. Dyke</td>
<td>May 19, 1935</td>
</tr>
</tbody>
</table>

## MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
<th>12/19/1931</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Month, day, and year)</td>
<td></td>
</tr>
</tbody>
</table>

## I HEREBY CERTIFY
- That I attended deceased from Dec. 1930 to Dec. 1931.
- I last saw him alive on Dec. 1931; death is said to have occurred on the date stated above, at...m.

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobar Pneumonia</td>
<td>Dec 1931</td>
</tr>
</tbody>
</table>

Other Contributory Causes of Importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td>1930</td>
</tr>
</tbody>
</table>

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?: Date of injury: 1931
- 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?: No

If so, specify: (Signed) Dr. W. Stivers

ADDRESS: Cambridge, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

### Example I

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

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

### Example II

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

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

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

**1. Place of Death**

County: Dorchester
Village or City: Cambridge
Hospital: Cambridge Md. Hospital

**2. Full Name**

Helena Warren
Residence: Brookview, Maryland

**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>Black</td>
<td>Married</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced
Husband of (or) Wife of: Unknown

**6. Date of Birth**

December 10, 1905

**7. Age**

Years: 28
Months: 4
Days: 26

If less than 1 year, specify days, hours, or minutes.

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

Housework

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

Sawmill, Bank, etc.

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

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

**12. Birthplace**

Virginia

**13. Name**

Alex Brown

**14. Birthplace**

Virginia

**15. Maiden Name**

Nettie

**16. Birthplace**

Virginia

**17. Informant**

Cambridge, Md.

**18. Burial, Cremation, or Removal**

Place: East New Market

**19. Undertaker**

Cambridge, Md.

**20. Filed**

5-8-1934

**21. Date of Death**

May 6, 1934

**22. I hereby certify that I attended deceased from**

May 6, 1934, and that deceased was alive on May 5, 1934. Death occurred at 40 years of age.

**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?**

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.
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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>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | 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: Worcester
   - Village or City: Madison
   - Registration Dist. No.: 11.8
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Sarah E. Wheatley
   - Residence: Madison (Usual place of abode)

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Female
4. **COLOR OR RACE**
   - Col.
5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - Widowed

6. **DATE OF BIRTH**
   - June 20, 1846

7. **AGE**
   - Years: 90
   - Months: 11
   - Days: 0

8. **OCCUPATION**
   - Housework
9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)**
   - 1900

**MEDICAL CERTIFICATE OF DEATH**

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

22. **I HEREBY CERTIFY**
   - That I attended deceased from May 20, 1934, to May 20, 1934.
   - Last saw him alive on May 20, 1934. Deposition is said to have occurred on the date stated above.

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

   - **Central Hemorrhage**
   - **Arteriosclerosis**

   **DATE OF ONSET**
   - May 18, 1934

   **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

   **NAME OF OPERATION**
   - Date of

   **WAS TEST 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

24. **MANNER OF INJURY**
   - Nature of Injury

   **UNDERTAKER**
   - Address

   **FILED**
   - 5-21-1934, By

   **REGISTERED**
   - M. D.

   **ADDRESS**
   - 126 Race St., Cambridge, MD

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

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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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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>
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<td>Date of onset</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge, Md.
   Registration Dist. No.: 116
   No.: X
   St.: 
   Ward: 
   Length of residence in city or town where death occurred: 29 yrs. mos. ds.

2. FULL NAME: Lillie Amanda Whiteley.
   Residence: No. 114 Veu de Leau St.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the words):
   WIDOWED
   HUSBAND OF (or WIFE OF) Late Arthur J. Whiteley

6. DATE OF BIRTH (month, day, and year): 10/26/1840

7. AGE: 93
   Years
   Months
   Days
   If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done: None
9. Industry or business in which work was done: None
   (If an illness or injury, give profession or business involved)
10. Date deceased last worked at this occupation: X
    Total time (years) spent in this occupation: X

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

13. NAME: Zebulon Mitchell
14. BIRTHPLACE (city or town): Dorchester Co
    (State or country): Md.

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

17. INFORMANT: Mr. Edgar Hubbard
    Address: Easton, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cambridge, Md.
    Date: 5/25/34.

19. UNDERTAKER: Granville S. LeCompte
    Address: Cambridge, Md.

20. FILED: 5/25/34
21. DATE OF DEATH: May 23, 1934
22. I HEREBY CERTIFY, That I attended deceased from
    May 20, 1934, to May 23, 1934.
    I last saw deceased alive on May 23, 1934. Death is said to have occurred on the date stated above, at 3 P.M.
    The principal cause of death and related causes of importance were as follows:
    Other Contributory Causes of Importance:
    Name of operation: 
    What was confirmed diagnosis:
    Date of:
    Where did injury occur:
    Specifying whether injury occurred in industry, in home, or in public place:
    Manner of injury:
    Nature of injury:
    Date of injury:
    Date of death:

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify:
    (Signature): 
    (Address): Cambridge, Md.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Date of onset</td>
</tr>
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<td>Attack of epilepsy</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Sturbridge
   No. St., Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   May 28, 1961

7. AGE (years, months, days)
   70 11 27

8. OCCUPATION
   House work

9. OCCUPATION in which work was done
   SILK MILL

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

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

13. NAME
   James Corkran

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

15. MAIDEN NAME
   Henrietta Lloyd

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

17. INFORMANT (Address)
   J. W. Moolleen

18. BURIAL CREMATION, OR REMOVAL
   Place: Catonsville, Maryland
   Date: May 27, 1964

19. UNDERTAKER (Address)
   S. Bullough & Co.

20. FILED
   5/27/64, Chief Inspector
   (Address)

REGISTRATION DISTRICT No. 11 D

21. DATE OF DEATH
   May 28, 1964

22. I HEREBY CERTIFY
   That I attended deceased from
   Date of onset
   4/28/64
   I last saw him alive on 5/24/64
   Death is said to have occurred on the date stated above, at 2/12 p.m.

   The principal cause of death and related causes of importance were as follows:
   Acute Malignant Tumor of Brain
   Date of onset

   Other Contributory Causes of importance:
   None

   Name of operation
   Date of
   Was there an autopsy?
   No

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

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

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

REGISTRAR

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

**Other contributory causes of importance:**

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


