STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County... Somerset
   Village or City... Upper Paramount, Md
   Length of residence in city or town where death occurred... yrs. mos. ds.

2. FULL NAME
   Sarah Margarett Bradford
   Residence...
   (Usual place of abode)
   St. Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (Month, day, and year)
   Sept. 12, 1865

7. AGE
   Years... 88
   Months... 8
   Days... 4

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

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

10. Date deceased last worked at this occupation (month and year)
    May 19, 1934

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

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

13. NAME
    William Revelle

14. BIRTHPLACE (city or town)
    Md

15. MAIDEN NAME
    Nancy Merrier

16. BIRTHPLACE (city or town)
    Md

17. INFORMANT
    Mr. Mary Dorsey
    Address

18. BURIAL, CREMATION, OR REMOVAL
    Place... Poplar Hill, Md
    Date... Mar. 19, 1934

19. UNDERTAKER
    John A. Bradshaw

20. FILED...
    May 18, 1934

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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<tbody>
<tr>
<td><strong>The principal cause of death and related causes</strong></td>
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</tr>
<tr>
<td>1916</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
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</tr>
<tr>
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<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<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: Baltimore

Village or City: New Brunswick

Registration Dist. No.: 260

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

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

2. FULL NAME (a) Residence: No.

Mary E. Donahue

(Usual place of abode)

St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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)

July 19, 1870

7. AGE

About 64

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

21. DATE OF DEATH

May 7, 1934

22. I HEREBY CERTIFY. That I attended deceased from

to

I last saw

live on

19, 19; death is said to have occurred on the date stated above, etc.

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

Diagnosis: Pneumonia

Date of onset

Other Contributory Causes of importance:

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Mary E. Donahue

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: College Park

Date: May 23, 1934

19. undertaker

Address

20. FILED: 1934

Registrar

21. MEDICAL CERTIFICATE OF DEATH

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)

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

Manner of Injury

Nature of Injury

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

If so, specify

(Signed)

M. D.

ADDRESS

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<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>
1. PLACE OF DEATH
   County: Somerset
   Village or City: Crisfield
   Registration Dist. No.: 265
   Within Corporation
   No. McLean Memorial Hospital
   Length of residence in city or town where death occurred: 46 yrs. 6 mos. 8 ds.

2. FULL NAME: Wm H Daugherty
   (a) Residence: No. Crisfield
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: M
4. COLOR OR RACE: W
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
5a. If married, widowed, or divorced
   HUSBAND of (or) WIFE of Maude Daugherty

6. DATE OF BIRTH (month, day, year): Oct 23 1887
7. AGE: 46 yrs. 6 mos. 8 ds.
8. Trade, profession or particular kind of work done: Police Officer
9. Industry or business in which work was done: City of Crisfield
   April 1934
   Total time (years) spent in this occupation: 5 yrs.
10. Date deceased last worked at this occupation (month and year): April 1934
11. OCCUPATION: Police Officer

12. BIRTHPLACE (city or town): Crisfield
    (State or country): Md
13. f3. NAME: Wm T Daugherty
    (State or country): Md
14. f4. BIRTHPLACE (city or town): Crisfield
    (State or country): Md
15. f5. MAIDEN NAME: Sarah Daugherty
    (State or country): Md
16. MOTHER NAME: Sarah Daugherty
    (State or country): Md
    (Address): Eula Macon
    (Address): Crisfield Md
17. INFORMANT: John A Braslaw
    (Address): Crisfield Md
    (Address): John A Braslaw
    (Address): Crisfield Md
18. BURIAL, CREMATION, OR REMOVAL
    Place: Crisfield Mem. Dthr. May 3rd, 1934
    Undertaker: John A Braslaw
    Undertaker: C. E. Collins
19. OFFICE: May 3, 1934
20. FILED: May 3, 1934

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: May 1, 1934
   (Month) (Day) (Year)
22. I HEREBY CERTIFY, That I attended deceased from
   Apr. 29, 1934, to May 1, 1934.
   I last saw him alive: Apr. 30, 1934; death is said to have occurred on that date stated above, at 11:30 am.
   The PRINCIPAL CAUSE OF DEATH was: Homicide
   Was struck with... Injuries to Brain, Central Nervous System, Spinal Column.
   Other Contributory Causes of importance:
   Name of operation: Date of operation:
   What test confirmed diagnosis? Was there an autopsy?
   Accidental, suicide, or homicide: Homicide
   Where did Injury occur? Crisfield
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.
   Manner of Injury: Was made by method:
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

Other contributory causes of importance:

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

**Example II**

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Chestertown, St. Mary's County Hospital
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Samuel Deal

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Col
5. S. MARRIED, WIDOWED, OR DIVORCED: Married
6. If married, widowed, or divorced HUSBAND OF OR WIFE OF: unknown
7. DATE OF BIRTH (month, day, and year): Not known, 1854
8. AGE: 80 yrs. - months - days
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Fisher
10. OCCUPATION: Fisher
11. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Fisher
12. BIRTHPLACE (city or town): Md.
13. NAME: Samuel Deal
14. BIRTHPLACE (city or town): Md.
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town): Md.
17. INFORMANT: Sarah Read
18. BURIAL, CREMATION, OR REMOVAL: Buried
19. UNDERTAKER: John B. O'Grady
20. FILED: May 2, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May 6, 1934
22. I HEREBY CERTIFY, That I attended deceased from April 7, 1934, to May 6, 1934.
   I last saw deceased alive on May 6, 1934; death is said to have occurred on the date stated above, at 8:30 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Cause of death: Arsenic

   Other Contributory Causes of Importance:
   General weakness
   Heart disease
   Name of operation: None
   Date of onset: May 2, 1934
   What test confirmed diagnosis?: None
   Was there an autopsy?: Yes
   Date of autopsy: May 2, 1934

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?: Yes
   Date of injury: May 6, 1934
   Where did injury occur?: Baltimore, Md.
   Specify whether injury occurred in INDUSTRY, IN HDME, or in PUBLIC PLACE.

   Manner of injury: Suicide
   Nature of Injury: Poisoning

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   If so, specify: Yes
   (Signed) George B. Williams M.D.
   Address: Waverly, Md.

If more blanks are needed, address State Registrar, 2417 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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Date of onset: 1915
Date of onset: 1 week ago
Date of onset: 1921
Date of onset: 1 week ago
Date of onset: July 5, 1927
Date of onset: 3 days ago
Date of onset: May 1, 1923
Date of onset: 1 year

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

1. PLACE OF DEATH

County: Somerville
Village or City: Homestead

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

SINGLE

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

Jan 27, 1933

7. AGE

Years: 1
Month: 1
Days: 2

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)

Somerset Co.

13. NAME

John B. Farley Jr.

14. BIRTHPLACE (city or town)

State or country: United States

15. MAIDEN NAME

Mary B. Crow

16. BIRTHPLACE (city or town)

State or country: United States

17. INFORMANT

John B. Farley Jr.

18. BURIAL, CREMATION, OR REMOVAL

Place: Bremen, Iowa

19. UNDERTAKER

D. C. Nelson

20. FILED

May 9, 1933

If nonresident give city or town and State:

Medical Certificate of Death

21. DATE OF DEATH

Day: 7
Month: 8
Year: 1934

22. I HEREBY CERTIFY that I attended deceased from

Day: 7
Month: 8
Year: 1934

Last saw him/her alive on

Day: 7
Month: 8
Year: 1934;

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

Petroleum Poisoning

Other Contributory Causes of Importance:

Date of Onset: 1/7/33

Name of operation:

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLATION) 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)

M.D.

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<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: Queen Anne
   Village or City: Ventnor
   No. St., Ward: 26
   Length of residence in city or town where death occurred: 2 yrs., 6 mos.
   (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)
   St., Ward: Ventnor
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   WIDOWED

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

6. DATE OF BIRTH (month, day, and year)
   1871

7. AGE
   63 Years

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.
   Berry & Truck-Farm

10. Date deceased last worked at this occupation (month and year)
    1927

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

12. BIRTHPLACE (city or town)
    Mt Vernon

13. NAME
    William Hall

14. BIRTHPLACE (city or town)
    Mt Vernon, Md.

15. MAIDEN NAME
    Sara Jones

16. BIRTHPLACE (city or town)
    Delaware Island, Maryland

17. INFORMANT (Address)
    J. R. Williams

18. BURIAL, CREMATION, OR REMOVAL
    Place: Ventnor
    Date: 5/28/37

19. UNDERTAKER
    W. J. Symmes

20. FILED (Address)
    5/27/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    May 28th, 1937

22. I HEREBY CERTIFY that I attended deceased from
    May 17, 1937, to May 28, 1937,
    I last saw him alive on May 17, 1937,
    death is said to have occurred on the date stated above, at 10 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Cerebral Stroke

Other Contributory Causes of importance:
    Paralysis of right side

Name of operation

Date of:

What last confirmed diagnosis?

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

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

23. Accident, suicide, or homicidal?
    Date 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, 2415 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: St. Mary
Village or City: Somers, MD
Registration Dist. No.: 270

2. FULL NAME
(a) Residence: No. 23
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single

6. DATE OF BIRTH (month, day, and year)
Oct 28, 1887

7. AGE
47 Years, 6 Months, 6 Days

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

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

10. Date deceased last worked at this occupation (month and year)
May 20, 1934

11. Total time (years) spent in this occupation
27

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

13. NAME
Elizabeth Henderson

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

15. MAIDEN NAME
Matilda June Pepple

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

17. INFORMANT
Reginald Hall

18. BURIAL, CREMATION, OR REMOVAL
Place: Somers, MD Date: May 6, 1934

19. UNDERTAKER
James A. Braden

20. FILED
May 6, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1934, to May 6, 1934, and to have occurred on the date stated above, at 11:45 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

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

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

Reginald Hall

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, asthnia, 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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Upper Fairmount, Somerset
   Village or City: Cristo Rey, McCready Memorial Hospital
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME: Carroll Hoffman

   (a) Residence: No. Smith Island

   Personal and Statistical Particulars

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

   5a. If married, widow, or divorced
      HUSBAND OF (or): Mac Hoffman

   6. DATE OF BIRTH: July 3, 1897

   7. AGE: 37

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

   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): May 1934

   11. Total time (years) spent in this occupation: 1934

   12. BIRTHPLACE (city or town): Smith Island

   13. NAME: Griffith Hoffman

   14. BIRTHPLACE (city or town): Smith Island

   15. MAIDEN NAME: Annie Evans

   16. BIRTHPLACE (city or town): Smith Island

   17. INFORMANT: Roland Hoffman, Rhodes Point

   18. BURIAL, CREMATION, OR REMOVAL: Rhodes Point, Date: May 22, 1934

   19. UNOERTAKER: John L. Brandon, Crisfield

   20. FILED: May 18, 1934, E. Collins

   Medical Certificate of Death

   21. DATE OF DEATH: May 18, 1934

   22. I HEREBY CERTIFY, That I attended deceased from May 12, 1934, to May 18, 1934.

   I last saw him alive on July 6, 1934, and death is said to have occurred on the date stated above, at 6:30 A.M.

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

   Other Contributory Causes of Importance:
   Tuberculosis

   Name of operation: Date of:

   What test confirmed diagnosis? Was there an autopsy?

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

   Accident, suicide, or homicide? Date of Injury: 19

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

   Manner of injury:

   Nature of injury:

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

   If so, specify:

   Other: Signature M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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<th>Example II</th>
</tr>
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<tbody>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>1915</td>
<td>1</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</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3</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>May 1, 1923</td>
<td>1</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   - County: St. George
   - Village or City: Chaney
   - Length of residence in city or town where death occurred: yrs. 3 mos. 2 days

2. FULL NAME
   - Harold Johnson
   - Residence No.: 12
   - Utmost place of abode: St., Ward.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male

4. COLOR OR RACE: "B"

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

6. DATE OF BIRTH (month, day, and year): Feb 17, 1925

7. AGE
   - Years: 9
   - Months: 3
   - Days: 2

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

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)
   - Chaney, Md
   - State or country:

13. NAME
   - Unknown Johnson

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

15. MAIDEN NAME
   - Margaret Pinkett

16. BIRTHPLACE (CITY OR TOWN)
   - Chaney, Md
   - State or country:

17. INFORMANT
   - Margaret Pinkett
   - Address:

18. BURIAL, CREMATION, OR REMOVAL
   - Place: Chaney
   - Date: Aug 20, 1924

19. UNDERTAKER
   - Fred J. Webbly
   - Address:

20. FILED
   - May 20, 1924

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH
   - Month: 5
   - Day: 19
   - Year: 1934

22. I HEREBY CERTIFY. That I attended deceased from May 19, 1934, to May 19, 1934.
   - I last saw him alive on May 19, 1934, at 12:00 P.M.
   - Death is said to have occurred on the date stated above, at 12:00 P.M.

   The principal cause of death and related causes of importance were as follows:
   - Cardiac heart lesion
   - Endocarditis
   - Defibrillation

   Other Contributory Causes of importance:
   - Hangnail of foot

   Name of operation:
   - Date of:

   What test confirmed diagnosis?
   - Was there an autopsy?

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

   Manner of injury:
   - Nature of injury:

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

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

Other contributory causes of importance:

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

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<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: Somerset
- Village or City: Princess Anne
- Registration Dist. No.: 260
- No. St. Ward: 
- Length of residence in city or town where death occurred: yrs. mos. ds.
- How long in U.S. if of foreign birth: yrs. mos. ds.

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

## 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>M</td>
<td>Col</td>
<td>Married</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5e. If married, widowed, or divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUSBAND of (or) WIFE of</td>
</tr>
<tr>
<td>Wm. Henry Ramford</td>
</tr>
</tbody>
</table>

## 6. DATE OF BIRTH
- (month, day, and year): 1878

## 7. AGE
- Years: 66
- Months: 0
- Days: 0
- 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:
- Silk Mill, Saw Mill, Bank, etc.

| 10. Date deceased first worked at this occupation (month and year): |
| 11. Total time (years) spent in this occupation: |
| 12. BIRTHPLACE (city or town): |
| 13. NAME: Smith, Stephenson |
| 14. BIRTHPLACE (city or town): Maryland |
| 15. MAIDEN NAME: Mary, Bartis |
| 16. BIRTHPLACE (city or town): Maryland |

## 17. INFORMANT
- Name: Wm. Henry Ramford
- Address: 

## 18. BURIAL, CREMATION, OR REMOVAL
- Place: Prince George's County
- Date: May 4, 1934

## 19. UNDERTAKER
- Name: 
- Address: 

## 20. FILED
- Date: 5-17-34

## MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Day) (Month) (Year): 1934</td>
</tr>
</tbody>
</table>

| 22. I HEREBY CERTIFY, That I attended deceased from |
| (Day) (Month) (Year): 1934 |
| I last saw deceased alive on (Day) (Month) (Year): 1934; death is said to have occurred on the date stated above, at (Place) |

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

- Myocarditis: 1930

Other Contributory Cause of importance:

Name of operation: 

Wet test confirmed diagnosis: 

Date of: 

Accident, suicide, or homicide: 

Date of injury: 1934

Where did injury occur: 

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE:

Menner of injury: 

Nature of injury: 

Date of: 

Disease or Injury in any way related to occupation of deceased: 

If so, specify: 

(Signed): 

Registrar:

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

Other contributory causes of importance:

Gallstones | Other contributory causes of importance:

May 1, 1923 | Gastroenteritis |

1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Somerset
   Village or City: Crisfield
   Registration Dist. No.: 265
   No. of Pine St.: 30
   Ward: 2

2. FULL NAME
   (a) Residence: No.

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)
   Oct. 3, 1865

7. AGE
   Years: 69
   Months: 11
   Days: 0

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

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

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)
   Somerset Co., Md.

13. NAME
   Geo. W. Lawson

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

15. MAIDEN NAME
   Alice Riggin

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

17. INFORMANT
   (Address)
   Mrs. E. G. Lawson

18. BURIAL, CREMATION, OR REMOVAL
   Place: May 16, at Crisfield Cemetery
   Date: 1934

19. UNDERTAKER
   (Address)
   J. D. Benau

20. FILED
   May 16, 1934
   C. E. Collins
   Registrar

21. DATE OF DEATH
   May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from
   June 1, 1932, to May 14, 1934
   I last saw h. . . . alive on . . .
   Date of death: May 14, 1934
   Death is said to have occurred on the date stated above, at 7:30 a.m.
   The principal cause of death and related causes of importance
   were as follows:
   Chronic nephritis

   Other Contributory Causes of importance:

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

23. IF death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Data of injury: 1934
   Where did injury occur?
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.
   Manner of injury:
   Nature of injury:

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

   If so, specify
   (Signed) W. J. Benau
   (Address) Crisfield 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 home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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<td></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><strong>Date of onset</strong></td>
</tr>
<tr>
<td>May 1, 1925</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Crisfield
   Registration Dist. No.: 265
   (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.
   Personal and statistical particulars
   3. SEX
      4. COLOR OR RACE
      5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

   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. or ____________ min.

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

   10. 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: Crisfield, Md.

   13. NAME
      Father's

   14. BIRTHPLACE (city or town)
      State or country

   15. MAIDEN NAME
      Mother's

   16. BIRTHPLACE (city or town)
      State or country

   17. INFORMANT
      Address: Crisfield

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Home Lot
      Date: May 2, 1934

   19. UNDERTAKER
      John A. Bradshaw
      Crisfield, Md.

   20. FILED
      May 2, 1934
      C. E. Collins
      Registrar

   21. DATE OF DEATH
      (Month) 5
      (Day) 2
      (Year) 1934

   22. I HEREBY CERTIFY. That I attended deceased from
      May 2, 1934, to
      Date of
      Death is said to have occurred on the date stated above.
      Date of
      The principal CAUSE OF DEATH and related causes of importance were as follows:

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

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

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

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

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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, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

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

Other contributory causes of importance:
Gallstones May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:
Gastroenteritis

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

1. PLACE OF DEATH

County: Somerset
Village or City: Grantsville, Md.
Registration Dist. No.: 265

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

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR OR RACE: White
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( Venite the word)

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

6. DATE OF BIRTH (month, day, and year) April 5, 1934

7. AGE Years Months Days
29

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED: May 5, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19... to...

I last saw h... alive on...

have occurred on the date stated above, at...

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

Congenital syphilis

Date of onset: April 13, 1934

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis? clinical

Was there an autopsy? no

23. If death was due to external causes (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)

(Address)

If more blanks are needed, address State Registrar, 2401 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

Other contributory causes of importance:

Gallstones | May 1, 1923 | 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: Somerset
   Village or City: Crisfield
   Registration Dist. No.: 265
   Within Corporate Limits of: Yes
   Length of residence in city or town where death occurred: 71 yrs 1 mos 1 ds
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   Mary J. Riggin
   (a) Residence: No. Columbia Ave
      St., 2 Ward.
      (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Riggin

6. DATE OF BIRTH (month, day, and year): April 29, 1863

7. AGE: 71 Years 1 Months 1 Days
   If LESS than 1 day, ___ hrs. or ___ min.

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

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

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

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

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

13. NAME: George Hard
14. BIRTHPLACE (city or town): Crisfield
    (State or country): Md
15. MAIDEN NAME: Sarah Laird
16. BIRTHPLACE (city or town): Crisfield
    (State or country): Md

17. INFORMANT: Carlyle Riggin
    (Address): Crisfield Md
18. BURIAL, CREMATION, OR REMOVAL
    Place: Riggin Cemetery
    Date: May 31, 1934
19. UNDERTAKER: John A. Bradshaw
    (Address): Crisfield Md

20. FILED: May 31, 1934

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1934, to May 29, 1934, I last saw her alive on May 7, 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:

   Chronic Myeloid Leukemia
   Date of onset: 1931

Other Contributory Causes of Importance:

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

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

24. Was disease or injury in any way related to occupation of deceased?: No
   If so, specify: 
   (Signed): L. W. Peyton
   (Address): Crisfield Md

If more blanks are needed, address State Registrar, 241 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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</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: Somerset
Village or City: Carfield, Md.

2. FULL NAME

(a) Residence: No. Carfield, Md. 13 St., Ward.
(b) Usual place of abode.

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

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

Dec. 19, 1875

7. AGE

Years: 58
Months: 4
Days: 17
If LESS than 1 day, hrs. or min.

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

Food Worker

9. OCCUPATION

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)

(State or Country)

13. NAME

Robert E. Thomson

14. BIRTHPLACE (CITY OR TOWN)

(State or Country)

15. MAIDEN NAME

Mary E. Styer

16. BIRTHPLACE (CITY OR TOWN)

(State or Country)

17. INFORMANT

May Thomson

18. BURIAL, CREMATION, OR REMOVAL

Place: Carfield, Md.
Ashley Cemetery
Date: May 8th, 1934

19. UNDERTAKER

Wm. E. Collins

20. FILED

May 5, 1934

REGISTRATION DIST. NO. 220

21. DATE OF DEATH

May 6th, 1934

22. I HEREBY CERTIFY That I attended deceased from April 28th, 1934, to May 6th, 1934.

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

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

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

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Acute Cardiac Dilatation

Other causes of importance:

Myocarditis

Name of operation:

Date of operation:

What test confirmed diagnosis:

Was there an autopsy:

Where did injury occur:

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

Manner of injury:

Nature of injury:

If so, specify:

(Signature)

Address:

Mayfield, Md.

Registrar:

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

1. PLACE OF DEATH
County: [Redacted]
Registration Dist. No.: 206

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

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) MARRIED

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

6. DATE OF BIRTH (month, day, and year) 1/14/1863

7. AGE 72

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
Hanover, Md

13. NAME William J. Tyler

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

15. MAIDEN NAME Sarah J. Plee

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

17. INFORMANT
Edwin Tyler, Jr.

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

19. UNDERTAKER
F. J. Wett

20. FILED
day, 1934

REGISTRATION OF DEATH

21. DATE OF DEATH
May 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from
May 1, 1934, to May 10, 1934;
I last saw him alive on May 10, 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:

Valvular Heart Lesion
Acute myocarditis

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

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

Name of operation
Date of

What test confirmed diagnosis? Was there an autopsy?

25. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

If more blanks are needed, address State Registrar, 241 S. 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.

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

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<td><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>

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

1. PLACE OF DEATH

County: Somerset
Village or City: Crisfield
No. McCready Memorial Hospital
Registration Dist. No.: 270

2. FULL NAME: Ricardo Torres

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
M
Col

4. COLOR OR RACE
Unknown

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Unknown

6. DATE OF BIRTH (month, day, and year)
1890

7. AGE
44

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
Cuba

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT
McCready Memorial Hospital
Crisfield Md

18. BURIAL, CREMATION, OR REMOVAL
Lawsonia
Date: May 28, 1934

19. UNDERTAKER
John A. Bradshaw
Crisfield Md

20. FILED
May 28, 1934
C. E. Collins
Registrar

21. DATE OF DEATH
May 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1934, to May 25, 1934.
I last saw him alive on May 23, 1934; death is said to have occurred on the date stated above, at 4:40 p.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

23. Other Contributory Causes of Importance:

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

25. Name of operation:

26. What test confirmed diagnosis?

27. Was there an autopsy?

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

29. Specifying whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

30. Manner of injury

31. Nature of injury

32. Wes disease or injury in any way related to occupation of deceased?

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

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

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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>Other contributory causes of importance:</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Gallstones</td>
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<td></td>
<td>Gastroenteritis</td>
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<td></td>
<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: Somerset Co.  
Village or City: Princess Anne  
Registration Dist. No.: 260

2. FULL NAME

(a) Residence: No.  
Name: Infant  
(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 this word)

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

Apr. 28, 1934  
7. AGE (Years, Months, Days, If less than 1 year, add minutes)

3  
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 DECEDENT LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

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

-  
12. BIRTHPLACE (CITY OR TOWN)

Princess Anne  
(State or country)  
13. NAME

Carl W. Trader  
14. BIRTHPLACE (CITY OR TOWN)

Reomonde Cy.  
(State or country)  
15. MAIDEN NAME

Elizabeth H. Stirling  
(State or country)  
16. BIRTHPLACE (CITY OR TOWN)

Princess Anne  
(State or country)  
17. INFORMANT (ADDRESS)

Carl W. Trader  
18. BURIAL, CREMATION, OR REMOVAL

Place: Princess Anne  
Date: May 3, 1934

19. UNDERTAKER (ADDRESS)

-  
20. FILED

May 8, 1934

21. DATE OF DEATH

May 1 (Month)  
1934 (Year)  
22. I HEREBY CERTIFY That I attended the deceased from April 28, 1934, to May 1, 1934; death is said to have occurred on the date stated above, at 5:45 a.m.

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

Premature Infant  
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.
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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.

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

Other contributory causes of importance:

Gastroenteritis

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

1. PLACE OF DEATH
- County: Somersal
- Village or City: Dames Quarter, MD
- Registration Dist. No: 267

2. FULL NAME: Orville Wallace

3. SEX: M

4. COLOR OR RACE: W

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

6. DATE OF BIRTH: 9/21/32

7. AGE: 47 years, 12 months, 0 days

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

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

10. Date deceased last worked at this occupation: 9/21/32

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

12. BIRTHPLACE (city or town): Dames Quarter, MD

13. NAME: Norman Wallace

14. BIRTHPLACE of FATHER: Dames Quarter, MD

15. MAIDEN NAME: Bernice Daniel

16. BIRTHPLACE of MOTHER: Wenona, MD

17. INFORMANT: Beatrice Wallace

18. BURIAL, CREMATION, OR REMOVAL: Place: Dames Quarter, MD

19. UNDERTAKER: Dr. W. S. Kelly

20. FILED: May 3, 1934

21. DATE OF DEATH: May 3, 1934

Other Contributory Causes of Importance:

22. I HEREBY CERTIFY, That I attended deceased from 9/21/32 to 9/21/32; death is said to have occurred on the date stated above, at 1:00 p.m.

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

[Signature]

[Signature]

Date of onset:

Name of operation:

Date of:

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury:

Where did injury occur?

(Specify city or town, county and State)

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

Manner of Injury:

Nature of Injury:

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

If so, specify:

[Signature]

M.D.

(Address)

[Signature]

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

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<td>Chronic interstitial nephritis</td>
<td>Date of onset: 1921</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset: July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: May 1, 1923</td>
</tr>
<tr>
<td>Date of onset: 1 week ago</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 3 days ago</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: Somerset
- Village or City: Princess Anne
- 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
- Name: Jamie Bell Wilson
- Residence: No. St., Ward.

## PERSONAL AND STATISTICAL PARTICULARS

**3. SEX**
- Male

**4. COLOR OR RACE**
- Col

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (under the word)**
- Married

**5a. If married, widowed, or divorced**
- HUSBAND (or) WIFE: Caleb Wilson

**6. DATE OF BIRTH (month, day, and year)**
- March 3, 1895

**7. AGE**
- Years: 39
- Months: 2
- Days: 1

**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.**
- N/A

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

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

**12. BIRTHPLACE (city or town)**
- Princess Anne, Maryland

**13. NAME**
- Woodland P. James

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

**15. MAIDEN NAME**
- Julia C. Boalard

**16. BIRTHPLACE (city or town)**
- Princess Anne, Maryland

**17. INFORMANT (Address)**
- Caleb Wilson, Princess Anne, Md.

**18. BURIAL, CREMATION, OR REMOVAL**
- Place: John Wesley 1934 Dec, 1934

**19. UNDERTAKER (Address)**
- W. B. Smith, 31 Broad St, Baltimore, Md.

**20. FILED**
- 5-6-1934

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH**
- May 5th, 1934

**22. I HEREBY CERTIFY**
- That I attended deceased from May 3, 1934, to May 8, 1934, and death is said to have occurred on the date stated above.

**The PRINCIPAL CAUSE OF DEATH and related causes of importance**
- Acute Indigestion
- Primary Cause: Gastric Ulcer

**Other Contributory Causes of importance**

**Name of operation**

**Date of operation**

**Wet test confirmed diagnosis?**
- None

**Was there an autopsy?**
- No

**23. If death was due to external causes (VIOLENCE) fill in also the following:**
- Accident, suicide, or homicide? No
- Date of injury: 1934

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

**Signature**
- Eldore P. Marksman, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<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, 1925</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       Com.                  No.   Registration Dist. No.   260
   Village or City       East Br. Annex       St.,   Ward.
   Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX       M
   4. COLOR OR RACE       Cap
   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)       Aug. 7 1848

7. AGE       78 yrs. 4 mos. 8 ds.
   If less than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as SILVER 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       Stillman Wilson

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

15. MAIDEN NAME       Alice Wilson

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

17. INFORMANT       Stillman Wilson
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place       Giant's Arms
   Date       1719

19. UNDERTAKER (Address)

20. FILED       1938

21. DATE OF DEATH       Aug. 7, 1934
   (Month)   (Day)   (Year)

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

I last saw h. alive on, 19, 19, to; 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:

Other Contributory Causes of Importance:

Name of operation

Date of:

What test confirmed diagnosis? Was there an au'opsy?

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 at in . M.D.

ADDRESS OF M.D.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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