STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County
   Village or City
   No. 320 Main St.
   Length of residence in city or town where death occurred: 22 yrs. 2 mos. 6 ds.

2. FULL NAME
   (a) Name: Joseph F. Atwell

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH
   (month, day, and year)
   Sept. 15, 1865

7. AGE
   Years: 63
   Months: 6
   Days: 15
   If less than 1 day, hours: 0
   or minutes: 0

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

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

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

11. Total time (years) spent in this occupation
    17

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

13. NAME
    Thomas F. Atwell

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

15. MAIDEN NAME
    Sarah F. Shipley

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

17. INFORMANT
    (Name)
    Mary L. Atwell
    (Address)
    Shady-side

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Shady-side
    Date
    Oct. 23, 1934

19. UNDERTAKER
    (Name)
    L H. Hopkins
    (Address)

20. FILED
    (Date)
    Oct. 3, 1934

REGISTRATION DIST. No. 21

REGISTRAR

If more blanks are needed, address State Registrar, 2412 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.

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:

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<thead>
<tr>
<th>Example I</th>
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</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>
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<td>1 week ago</td>
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</tr>
<tr>
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<td>1 week ago</td>
</tr>
<tr>
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<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>
# STATE OF MARYLAND - CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

- **County**: Anne Arundel
- **Town**: Glen Burnie
- **Registration-Dist. No.**: 23

## 2. FULL NAME

- **Name**: William Henry Baker

## PERSONAL AND STATISTICAL PARTICULARS

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

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

- **Month**: Sept
- **Day**: 30
- **Year**: 1934

### 22. I HEREBY CERTIFY

- **Date of Onset**: 1934

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

- **Manner of Injury**: Heart Attack
- **Nature of Injury**: None

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

- **If so, specify**: None

---

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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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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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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 painter, mechanic, 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>Other contributory causes of importance:</td>
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</tr>
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<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County.  Anne Arundel  
Village or City.  Solley  
Length of residence in city or town where death occurred.  12 yrs.  
2. FULL NAME.  Rodell Bessick  
(a) Residence.  No.  Solley  

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)  July 29, 1922  
7. AGE  

8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, Bookkeeper, etc.  Schoolboy  
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)  Solley  

13. NAME  unknown (illegitimate)  
14. BIRTHPLACE (city or town)  Solley, Md.  
15. MAIDEN NAME  Senorita Bessick  
16. BIRTHPLACE (city or town)  A. A. Co.  

17. INFORMANT  Nettie Bessick  
18. BURIAL, CREMATION, OR REMOVAL  Marley Neck  

19. UNDERTAKER  J. Brown  

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH  September 4th, 1934  

22. I HEREBY CERTIFY, That I attended deceased from  

I last saw him alive on  

to have occurred on the date stated above, at .  5 a.m.  

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

STATUS THYMICOLOMPHATICUS  

Other Contributory Causes of Importance:  

(over)  

Name of operation  

What test confirmed diagnosis?  

Was there an autopsy?  yes  

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?  

If so, specify  

Manner of injury  

Nature of injury  

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

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

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

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

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<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

The cause of death is still under investigation. As soon as the latter is completed the diagnosis will be forwarded to the B. V. S. CAUSE OF DEATH ADDED January 15, 1935 by letter filed under Dr. Breit. - LL
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Anne Arundel
Village or City: Harmood
Registration Dist. No.: 20
No. St., Ward:
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

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

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 Months Days

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

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

15. MAIDEN NAME

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

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

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

I last saw deceased alive on ___________.

to have occurred on the date stated above, at __________. m.

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

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

Accident, suicide, or homicide? 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) ____________________________ M.O. ____________________________

(Address) ____________________________

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<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>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: [Handwritten]
   - Village or City: Annapolis
   - Registration Dist. No.: 2
   - 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**
   - (a) Residence: No. St., Ward.
   - Within Corporate Limits: [Handwritten]
   - If nonresident give city or town and State
   - Julian B. Brown

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. SEX: Male</td>
<td>21. DATE OF DEATH Sept. 21, 1934</td>
</tr>
<tr>
<td>4. COLOR OR RACE: Colored</td>
<td>(Month) (Day) (Year)</td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married</td>
<td></td>
</tr>
<tr>
<td>5a. If married, widowed, or divorced: HUSBAND OF: William H. Brown</td>
<td></td>
</tr>
<tr>
<td>6. DATE OF BIRTH (month, day, and year): 1863</td>
<td></td>
</tr>
<tr>
<td>7. AGE Years: 71 Months:</td>
<td></td>
</tr>
<tr>
<td>8. Trade, profession, or particular kind of work done: Housewife</td>
<td></td>
</tr>
<tr>
<td>9. Industry or business in which work was done:</td>
<td></td>
</tr>
<tr>
<td>10. Data deceased last worked at this occupation (month and year):</td>
<td></td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation:</td>
<td></td>
</tr>
<tr>
<td>12. BIRTHPLACE (city or town): Annapolis (State or country)</td>
<td></td>
</tr>
<tr>
<td>13. NAME: William H. Brown</td>
<td></td>
</tr>
<tr>
<td>14. BIRTHPLACE (city or town): Calvert Co. (State or country)</td>
<td></td>
</tr>
<tr>
<td>15. MAIDEN NAME: Elizabeth Collings</td>
<td></td>
</tr>
<tr>
<td>16. BIRTHPLACE (city or town): Calvert Co. (State or country)</td>
<td></td>
</tr>
<tr>
<td>17. INFORMANT: William H. Brown (Address: 117 Spa. Road)</td>
<td></td>
</tr>
<tr>
<td>18. BURIAL, CREMATION, OR REMOVAL:</td>
<td></td>
</tr>
<tr>
<td>19. UNDERTAKER: J.A.B. Johnson (Address: Annapolis)</td>
<td></td>
</tr>
<tr>
<td>20. FILED: 9/23/34</td>
<td></td>
</tr>
</tbody>
</table>

22. I HEREBY CERTIFY That I attended deceased from July 10, 1934, to Dec. 21, 1934, last saw deceased alive on Dec. 21, 1934, death said to have occurred on the date stated above, at 11:00 am.

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

[Signature]

Date of onset: 1934

Other Contributory Cause of Importance:

[Signature]

Date of onset: 1934

Name of operation: [Handwritten]

What test confirmed diagnosis? [Handwritten]

Was there an autopsy? [Handwritten]

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

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

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>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
</tbody>
</table>

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:**

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

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:**

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

**RECEIVED**

Oct 5, 1948
1. PLACE OF DEATH

County: Anne Arundel
Village or City: Maryland House of Correction, Jessup, MD

2. FULL NAME: Thomas Brown

(a) Residence: 824 N. Central Ave, St., Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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

4. COLOR OR RACE: Colored

6. DATE OF BIRTH (month, day, and year): 1914, Unkn

7. AGE: Years 20 Months X Days X

8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, Bookkeeper, etc.: Laborer

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

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

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

12. BIRTHPLACE (city or town): Baltimore

13. NAME: Robert Brown

14. BIRTHPLACE (state or country): Maryland

15. MAIDEN NAME: Agnes Lee

16. BIRTHPLACE (city or town): Unknown

17. INFORMANT (Address): Arthur R. Courthwart

18. BURIAL, CREMATION, OR REMOVAL: Place: Perry Hall, Date: Sept. 10, 1934

19. UNDERTAKER (Address): D. S. Smith

20. FILED: Sep. 10, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: September 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 7th, 1934, to Sept. 8-1934, I last saw him alive on Sept. 8th, 1934; death was said to have occurred on the date stated above, at 8:35 A.M.

PULMONARY TUBERCULOSIS

5/7/34

Other Contributory Causes of Importance:

Tubercular Adenitis

5/7/34

Name of operation: None

What test confirmed diagnosis?: T.S. Sputum

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

Accident, suicide, or homicide? No.

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): H. L. Ecker, M. D.

(Address): Jessup, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphyxia, 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 ear</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Anne Arundel
   - Village or City: Crownsville, Md.
   - Registration Dist. No.: 21

2. **FULL NAME**
   - William Brown
   - (a) Residence: No. Talbot County
     (Usual place of abode)

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - Black

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

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

6. **DATE OF BIRTH**
   - (month, day, and year) 1896

7. **AGE**
   - Years
   - Months
   - Days
   - 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 last worked at this occupation**
    - (month and year)

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

12. **BIRTHPLACE**
    - (city or town)
      - Unknown
    - (State or country)

13. **NAME**
    - Fannie Williams

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

15. **MAIDEN NAME**
    - Fannie Williams

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

17. **INFORMANT**
    - Hospital Records

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place
      - Easton
    - Date
      - Sept 15, 1926

19. **UNDERTAKER**
    - Maurice E. McManus

20. **FILED**
    - 9/17/1926

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - September 15, 1926

22. I HEREBY CERTIFY, That I attended deceased from
    - July 28, 1924 to September 15, 1926
    - I last saw him alive on September 15, 1924
    - Death is said to have occurred on the date stated above, at 7:05 A.M.

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

   **General paralysis of the insane**

   **Other Contributory Causes of importance**: Syphilis

   **Name of operation**

   **Date of**

   **Was test confirmed diagnosis**

   **Date of 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 HDME, or in PUBLIC PLACE.

   Manner of injury
   - Nature of injury

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

   (Signed)
   - 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>
<thead>
<tr>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>July 1, 1928</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 1, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1923 |
Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Edgewater
   Registration Dist. No: 21
   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: SARAH R. CADLE
      (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
      HUSBAND or WIFE of: John S. Cadle

6. DATE OF BIRTH (month, day, and year): April 16, 1860

7. AGE: Years 74 Months 4 Days 29
   If LESS than 1 year, state 20 hrs. or. min.

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

9. Industry or Business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:
   Cross out the line.

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

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

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

13. NAME: William Cadle

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

15. MAIDEN NAME: unknown

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

17. INFORMANT: Mrs. Maurice Meade
    (Address): Eastport, Maryland.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Annapolis, Md. Date: Sept. 16, 1934

19. UNDERTAKER: John M. Taylor
    (Address): Annapolis, Md.

20. FILED: 9. 5. 1934

21. DATE OF DEATH: Sept. 14, 1934

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY that I attended deceased from the last saw him/her alive on Sept 13, 1934 and 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:

   Other Contributory Causes of importance:

   Name of operation: Date of operation:

   What test confirmed diagnosis?: Was there an autopsy?:

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

   Accident, suicide, or homicide?: Date of injury: 19
   Where did injury occur?: (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

   Manner of injury:

   Nature of injury:

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

   (Signed) M. D.
   Address:
   Eastport, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. & 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 8. 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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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
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<tr>
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<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td><strong>Date of onset</strong></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, 1928 |
| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: [Name]
   Village or City: [Name]

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   4. COLOR OR RACE: [Name]
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
      (circle the word)

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

6. DATE OF BIRTH (month, day, and year): Sept. 14, 1920

7. AGE (Years, Months, Days): 13, 11, 17

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

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

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

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

12. BIRTHPLACE (city or town)
    (State or country)
    Birthplace: [Name]

13. NAME: [Name]

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

15. MAIDEN NAME: [Name]

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

17. INFORMANT
    (Address)
    Informant: [Name]

18. BURIAL, CREMATION, OR REMOVAL
    Place: [Name]
    Date: Sept. 3, 1934

19. UNDERTAKER
    (Address)
    Undertaker: [Name]

20. FILED
    (Signed)
    Filed: Sept. 8, 1934
    Registrar: [Name]

21. DATE OF DEATH
    (Month) (Day) (Year)
    Date of death: Sept. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    July 4, 1934, to Sept. 1, 1934.
    I last saw deceased alive on Aug. 19, 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:
    Tuberculosis
    Pulmonary

   Other Contributory Causes of Importance:
    Measles
    Typhus fever
    Date of onset

   Name of operator
   Date of operation
   What test confirmed diagnosis? Blood
   Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?
    Date of injury
    Where did injury occur?
    (Specify city or town, county and State)
    Specify whether Injury occurred in INDUSTRY, in HOME, 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)
    (Name)
    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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**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>Oct 5, 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

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

**Other contributory causes of importance:**

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Crownsville State Hospital
   Length of residence in city or town where death occurred: 1 yrs. 5 mos. 22 ds.

2. FULL NAME: Joseph St. Clair Cooper
   (a) Residence: No. Kent County
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
   Male
   4. COLOR OR RACE
   Black
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (mark the word)
   Married
   6. DATE OF BIRTH (month, day, and year)
   1890
   7. AGE
   Years: 44
   Months: Unknown
   Days: Unknown
   8. Trade, profession, or particular kind of work done.
   Laborer
   9. Industry or business in which work was done, e.g., SAW MILL, BANK, etc.
   Unknown
   10. Date deceased last worked at this occupation (month and year)
   Unknown
   11. Total time (years) spent in this occupation?

21. DATE OF DEATH
   September 23, 1934

22. I HEREBY CERTIFY: That I attended deceased from March 31, 1933, to Sept. 23, 1934.
   I last saw him alive on Sept. 23, 1934; death is said to have occurred on the date stated above, at 1:15 a.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   General Paralysis of the Insane

   Other Contributory Causes of Importance:
   Syphilis

   Name of operation
   Date of operation
   What was the confirmed diagnosis?
   Date of last 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: Crownsville, Maryland

Registrar:
(Adresse): Crownsville, Maryland

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>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<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: Anne Arundel
   Village or City: Crownsville State Hospital
   Registration Dist. No.
   Length of residence in city or town where death occurred: yrs. 7 mos. 23 ds.

2. FULL NAME: Samuel Cornish
   (a) Residence: No. Baltimore City
   If nonresident give city or town and State

   (Usual place of abode)

   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
   Male

   4. COLOR OR RACE
   Black

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

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

   7. AGE
   Years: 44
   Months: Unknown
   Days: Unknown

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

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

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

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

   12. BIRTHPLACE (city or town)
   Maryland

   (State or country)

   13. NAME
   Simon Cornish

   (State or country)

   14. BIRTHPLACE (city or town)
   Maryland

   (State or country)

   15. MAIDEN NAME
   Julia Brannick

   16. BIRTHPLACE (city or town)
   Maryland

   (State or country)

   17. INFORMANT
   Hospital Records
   Crownsville, Maryland

   18. BURIAL, CREMATION, OR-REMOVAL
   Place: National
   Date: Dec. 1, 1934

   19. UNDERTAKER
   Isaiah B. Brown
   (Address)

   20. FILED
   9/7/34

   (Signature)
   Registrar

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
   September 26, 1934

   I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1924, to Sept. 26, 1934, I last saw him alive on Sept. 26, 1934; death is said to have occurred on the date stated above, at 7:55 AM.

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

   General Paralysis of the Insane

   Other Contributory Causes of Importance:

   Syphilis

   Date of onset?

   Name of operation

   What last confirmed diagnosis?

   Was there an autopsy?

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

   Accident, suicide, or homicide?

   Where did injury occur?

   (Specify 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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<th>Example II</th>
<th>Date of onset</th>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
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<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 |

Other contributory causes of importance:
Gastroenteritis | 1 year |
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Anne Arundel
   - Village or City: Parole
   - 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** Betti M. Waters Duval

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX** 
   - female
4. **COLOR OR RACE** white
5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED** widowed

6. **DATE OF DEATH** (month, day, and year) Sept. 16, 1847
7. **AGE** Years: 87, Months: 8, Days: 8
8. **OCCUPATION** none

9. **DATE OF BIRTH** (month, day, and year) Sept. 16, 1847
10. **PLACE OF BIRTH** (city or town) Anne Arundel County, Maryland.
11. **NAME** Charles A. Waters.
12. **MAIDEN NAME** Margaret R. Beard
13. **BIRTHPLACE** (city or town) A. A. Co., Maryland.
14. **MOTHER FATHER**
15. **INFORMANT** C. Ashby Duval, Parole, A. A. Co., Md.
16. **BURIAL, CREMATION, OR REMOVAL** Place: Annapolis, Md. Date: Sept. 16, 1934
17. **UNDERTAKER** John W. Taylor, Annapolis, Md.

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH** (Month) Sept., (Day) 24, (Year) 1934

22. **I HEREBY CERTIFY** That I attended deceased from

   - Dec. 24, 1934
   - Sept. 24, 1934

   - I last saw deceased alive on
   - Died on

   - Death is said to have occurred on the date stated above, at

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

23. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

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

   - If so, specify

25. **FILED** 9.25, 1934

Registrar

If more blanks are needed, address State Registrar, 2405 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 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>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<tr>
<td>Arteriosclerosis</td>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset:</td>
<td>Date of onset:</td>
</tr>
<tr>
<td>1916</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<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:</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Annapolis
   Registration Dist. No.: 21
   No. Emergency Host.: St. 2
   Ward: 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. Defense Highway
   (Usual place of abode)

3. SEX
   Male

4. COLOR OR RACE
   Volunteer

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

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year)
   June 25, 1924

7. AGE
   Years: 62
   Months: 9
   Days: 14
   If less than 1 day, hrs. or min.

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

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)
    11. Total time (years) spent in occupation

12. BIRTHPLACE (city or town) (State or country)
    St. Mary's City

13. NAME
    Louis G. Dyer

14. BIRTHPLACE (city or town) (State or country)
    St. Mary's City

15. MAIDEN NAME
    Estella Armisworth

16. BIRTHPLACE (city or town) (State or country)
    St. Mary's City

17. INFORMANT
    Louis G. Dyer
    Address: 200 G St.

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

19. UNDERTAKER
    Address: 200 G St.

20. FILED
    6-15-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Sept. 8, 1934

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

    Birthmark, Tumor of Skin, Basal Cell Carcinoma
    Date of onset

    Other Contributory Causes of importance:

    Name of operation
    Date of operation
    What test confirmed diagnosis? Was there an autopsy?
    Accident, suicide, or homicide? Data of injury
    Manner of injury
    Nature of injury
    Where did injury occur? (Specify city of town, county and State)
    Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

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

    Signed
    Address

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<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><strong>Date of onset</strong></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td><strong>July 15, 1927</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td><strong>May 1, 1923</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### 1. PLACE OF DEATH
- County: Anne Arundel
- Village or City: East Haven
- Length of residence: yrs. _., mos. _., ds.

### 2. FULL NAME
- Eliza Louisa Evans

### PERSONAL AND STATISTICAL PARTICULARS

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

| 5a. HUSBAND or WIFE of | Hattie Evans |

### 6. DATE OF BIRTH (month, day, year)
- March 1864

### 7. AGE
- Years: 70
- Months: 0
- Days: 0

### 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
- Woman, Spinner, Weaver, Bookkeeper, etc.

### 10. Date deceased last worked at this occupation (if applies)
- Sept. 27, 1934

### 11. Total time (years) spent in this occupation
- 1864

### 12. BIRTHPLACE (city or town)
- Smith Island, Md.

### 13. NAME
- Eliza Louisa Evans

### 14. BIRTHPLACE (city or town)
- Smith Island, Md.

### 15. MAIDEN NAME
- Unknown

### 16. BIRTHPLACE (city or town)
- Smith Island, Md.

### 17. INFORMANT
- Marian Agnew

### 18. BURIAL, CREMATION, OR REMOVAL
- Location: Smith Island
- Date: Sept. 30, 1934

### 19. UNDERTAKER
- B. J. Hoffman

### 20. FILED
- 9/30/1934

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept. 27</td>
</tr>
<tr>
<td>1934</td>
</tr>
</tbody>
</table>

### 22. I HEREBY CERTIFY
- That I attended deceased from ___________ to ___________
- Date: 19 ___________
- I last saw deceased alive... at ___________
- 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:
- Cerebral Hemorrhage

### Other Contributory Causes of importance:

### Name of operation

### What test confirmed diagnosis

### Date of

### Was there an autopsy

### If death was due to external causes (violence) fill in also the following:
- Accident, suicide, or homicide
- Date of injury: 19__
- Where did the injury occur: Smith Island
- Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
- Manner of injury
- Nature of injury

### If so, specify

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**Example I**

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Date of Onset</th>
<th>Cause of Death Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
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<td>Chronic interstitial nephritis</td>
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</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
<td>Gastroenteritis</td>
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</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<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: Anne Arundel
Village or City: Elvanson
Length of residence in city or town where death occurred: 29 yrs. 6 mos. 2 ds.

2. FULL NAME
(a) Residence: No. 323
(b) Occupation: Retired
(c) Date of Birth: Sept 21863
(d) Age: 69 yrs. 6 mos. 2 ds.
(e) Sex: Male
(f) Color or Race: White
(g) Single, Married, Widowed, or Divorced: Widowed
(h) Husband's Name: Marie Z Fisher

3. MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
   (Month) 10
   (Day) 23
   (Year) 1934

22. I HEREBY CERTIFY that I attended deceased from
    Nov. 21, 1933, to Sept 211, 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:
    Accident, suicide, or homicide? [ ]
    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

25. Name of operation...[ ]
26. Date of...
27. What test confirmed diagnosis...[ ]
28. Was there an autopsy? [ ]

29. Other Contributory Causes of importance:

30. Name of operation...
31. Date of...
32. What test confirmed diagnosis...[ ]
33. Was there an autopsy? [ ]

34. Menner of Injury...
35. Nature of Injury...
36. Was disease or injury in any way related to occupation of deceased?
   [ ]
   If so, specify

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

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

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

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

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

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

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

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

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

1. PLACE OF DEATH
County: Anne Arundel
Village or City: Pasadena

2. FULL NAME: Frank Flowers
(a) Residence: Pasadena, Md.

3. SEX: male
4. COLOR OR RACE: white
5a. If married, widowed, or divorced: HUSBAND of Emma Flowers
5b. WIFE of Emma Flowers

6. DATE OF BIRTH: October 11, 1865
7. AGE: 68 yrs. 10 mos. 16 days

8. Trade, profession, or particular kind of work done: Carpenter
9. Industry or business: Building
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE: Denton, Md.

13. NAME: James Flowers
14. BIRTHPLACE: Caroline Co., Md.
15. MAIDEN NAME: Lucinda
16. BIRTHPLACE: Caroline Co., Md.

17. INFORMANT: Emma Flowers
18. BURIAL, CREMATION, OR REMOVAL: Denton, Md.

19. UNDERTAKER: Signed
20. FILED: 7-25-1935

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: September 5th, 1934

I HEREBY CERTIFY, that I attended deceased from August 28th, 1934, to September 5, 1934, and last saw him alive on September 3rd, 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 stomach

Other Contributory Causes of importance:
Chronic nephritis (interstitial)

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

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

If more blanks are needed, address Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 4.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

| Other contributory causes of importance: |
| Gallstones | May 1, 1928 |

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

| Other contributory causes of importance: |
| Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Annapolis
   Registration Dist. No.: 23
   No. Mountain Rd. St., Ward.
   Length of residence in city or town where death occurred: 36 yrs mos. ds.

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

3. SEX
   Male
   Female

4. COLOR OR RACE
   White
   Negro

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

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

6. DATE OF BIRTH (month, day, and year)
   Aug 24, 1857

7. AGE
   Years
   Months
   Days
   It LESS than 1 day, hrs., or mins.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWS, WOODWORKER, 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)

11. TOTAL TIME (YEARS)
    spent in this occupation

12. BIRTHPLACE (city or town)
    Germany

13. NAME
    Emerick Landesbach

14. BIRTHPLACE (city or town)
    Germany

15. MAIDEN NAME
    Katherine Isken

16. BIRTHPLACE (city or town)
    Germany

17. INFORMANT
    Kate Buddensieck

18. BURIAL, CREMATION, OR REMOVAL
    Place: Harmony Cemetery, Date: Jul 24, 1924

19. UNDERTAKER
    John F. Denny

20. FILED
    Sep 25, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Sept 25, 1934

22. I HEREBY CERTIFY that I attended deceased from April 27, 1934, to Sept 25, 1934.
    I last saw him alive on April 27, 1934, at 7:30 a.m.
    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 stomach

23. It death was due to external causes (VIOLENCE) fill in also the following:
    Date of injury: 1934
    Date of injury: 1934
    Date of injury: 1934
    Date of injury: 1934
    Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
    Menon
    Nature of Injury

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

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

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

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

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

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

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

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

Example I

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

Other contributory causes of importance:

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

Example II

<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>
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<tr>
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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: Anne Arundel
   Village or City: Revells Station
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   July 16, 1853

7. AGE
   Years: 81
   Months: 7
   Days: 5
   If LESS than 1 year, give hrs. 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.
   None

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Germany

13. NAME
   Wiedemann

14. BIRTHPLACE (city or town)
   Pennsylvania

15. MAIDEN NAME
   Wiedemann

16. BIRTHPLACE (city or town)
   Pennsylvania

17. INFORMANT (Address)
   Mrs. Joseph Propst

18. BURIAL, CREMATION, OR REMOVAL
   Place: Arnold Station
   Date: Sept. 23, 1934

19. UNDERTAKER (Address)
   John W. Long

20. FILED
   Sept. 27, 1934

21. DATE OF DEATH
   Month: Sept.
   Day: 21
   Year: 1934

22. I HEREBY CERTIFY, that I attended deceased from
   Aug. 10, 1934, to Sept. 21, 1934
   I last saw deceased alive on Oct. 12, 1934; death is said
   to have occurred on the date stated above, at 2:39 A.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Rhemia Myocarditis
   Chronic Nephritis
   Chronic Bronchitis
   Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

   Accident, suicide, or homicide?
   Date of Injury
   Where did injury occur?
   (Specify city or town, county and State)
   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, 2411 N. Charles Street, Baltimore, Requesting for S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Other contributory causes of importance:

| 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: Anne Arundel
Village or City: Crownsville
State Hospital

2. FULL NAME: James Green

(a) Residence: No. Baltimore County
(Usual place of abode) St., Ward.

3. PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Black</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

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

6. DATE OF BIRTH (month, day, and year) 1856

7. AGE

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>78</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Unknown

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

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. I HEREBY CERTIFY, That I attended deceased from

June 15, 19, 23 to Sept. 26, 19, 24

I last saw h. in. alive on Sept. 26, 6:15 a.m. M a

Death is said to have occurred on the date stated above, et

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

Cerebral Arteriosclerosis

Other Contributory Causes of importance:

Chronic Nephritis

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?

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Example I

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>Date of onset</th>
</tr>
</thead>
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Other contributory causes of importance:

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

Example II

<table>
<thead>
<tr>
<th>Cause of death</th>
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</tr>
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<tr>
<td>Attack of epilepsy</td>
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<tbody>
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<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: Anne Arundel
   - Village or City: Annapolis
   - Registration Dist. No.: 21
   - No. 40 West
   - St. Ward: 21
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**: John Guzzone

   (a) Residence: No. 40 West

   **PERSONAL AND STATISTICAL PARTICULARS**

   3. **SEX**: male
   4. **COLOR OR RACE**: white
   5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED** (marry the word): married

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

   6b. If nonresidential give city or town and State:

   **DATE OF BIRTH** (month, day, and year):
   - Jan. 6, 1882

   7. **AGE**
   - Years: 52
   - Months: 8
   - Days: 5
   - If less than 1 day, hours, or minutes:

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

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

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

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

   **BIRTHPLACE** (city or town)
   - Italy

   **FATHER**
   - Name unknown

   **MOTHER**
   - Name unknown

   **MAiden Name**
   - Unknown

   **INFORMANT**
   - Mrs. Lena Guzzone
   - Annapolis, Md.

   **BURIAL, CREMATION, OR REMOVAL**
   - Place: Annapolis, Md.
   - Date: Sept. 13, 1934
   - Undertaker: John M. Taylor
   - Address: Annapolis, Md.

   **FILED**
   - 9-13-34

   **DATE OF DEATH**
   - Month: Sept.
   - Day: 11
   - Year: 1934

   **I HEREBY CERTIFY**

   That I attended deceased from Sept. 9, 1934, to Sept. 11, 1934.

   I last saw him alive on Sept. 9, 1934; death is said to have occurred on the date stated above, at 12-30.

   **MEDICAL CERTIFICATE OF DEATH**

   **DATE OF DEATH**
   - Month: Sept.
   - Day: 11
   - Year: 1934

   **THE PRINCIPAL CAUSE OF DEATH**
   - Hypertension

   **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

   **Name of operation**

   **Date**

   **What test confirmed diagnosis?**

   **Was there an autopsy?**

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

   **ACCIDENT, SUICIDE, OR HOMICIDE**
   - Date of injury: 19

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

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

   **Manner of injury**

   **Nature of injury**

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

   **If so, specify**

   **(Signed)**

   **(Address)**

   **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, 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>
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<tr>
<td>Arteriosclerosis                                                          Date of onset 1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis                                            Date of onset 1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage                                                       July 5, 1927</td>
<td></td>
</tr>
<tr>
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<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td>Other contributory causes of importance:                                 Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones                                                               May 1, 1923</td>
<td></td>
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<tr>
<td>1 year</td>
<td></td>
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</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**STATE OF MARYLAND**

**CERTIFICATE OF DEATH**

Registration Dist. No. 20

Village or City: Friendship

**FULL NAME**

Jerey Hardesty

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>MARRIED, WIDOWER, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DATE OF BIRTH**

Jan. 11, 1858

**AGE**

If LESS than 1 day, hrs., mos., or days?

56 yrs. 5 mos. 4 days

**OCCUPATION**

(a) Trade, profession or particular kind of work: Mechanic

(b) General nature of industry business, or establishment in which employed or (employer): Carpenter

**BIRTHPLACE**

(State or country): Md.

**FATHER**

Name: Charles Hardesty

Birthplace: Md.

**MOTHER**

Maiden Name: Mary McMillen

Birthplace: Md.

**LENGTH OF RESIDENCE**

For Hospitals, Institutions, Transients or Recent Residents:

At place of death: yrs. mos. ds.

In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence:

**PLACE OF BURIAL OR REMOVAL**

Sept. 17, 1934

**DATE OF BURIAL**

**UNDERTAKER**

Robert Wood

**ADDRESS**

Friendship

N.B.—Every item of information should be carefully supplied. A failure to do so may result in the record being void. See Instructions on back of certificate.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Statement of Cause of Death—Revised United States Standard

(Health Association)

CERTIFICATE OF DEATH

Revise 9, S. Census and American Public

Approved by U. S. Census and American Public
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Anne Arundel

Village or City: Crownsville

State Hospital: State Hospital

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. 25. ds.

How long in U.S. of foreign birth?: yrs. mos. ds.

2. FULL NAME: Joseph Harper

(a) Residence: No. Baltimore City

(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: Black

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

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

6. DATE OF BIRTH (month, day, and year): 1885

7. AGE: Years 49

Months

Days: Unknown

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Unknown

10. DATE OF DEATH (month, day, year): September 26, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(a) MONTH: September

(b) DAY: 26

(c) YEAR: 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1934 to Sept. 26, 1934, death is attributed to Massive Pulmonary Collapse. Date of onset: ?

Other Contributory Causes of Death:

Pulmonary Thrombosis

Chronic Nephritis

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:

V. S. No. 1

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

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

If so, specify: ____________________________________________ M. D.

(Signature)

Crownsville, Maryland

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

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

To be complete, an occupation return must state:

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

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

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

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

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

---

Example I

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

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<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Date of onset</th>
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</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1922</td>
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</tbody>
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Example II

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

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<tbody>
<tr>
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<td>1 year</td>
</tr>
</tbody>
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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
   St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   Female

4. COLOR OR RACE
   Colored
   Not specified

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

6. DATE OF BIRTH (month, day, and year)
   Aug. 29, 1921

7. AGE
   Years
   Months
   Days

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   State or country

13. NAME
   Thos. W. Harris

14. BIRTHPLACE (city or town)
   State or country

15. MAIDEN NAME
   Adelia Johnson

16. BIRTHPLACE (city or town)
   State or country

17. INFORMANT
   Adelia Johnson
   Address

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Date

19. UNDERTAKER
   Address

20. FILED
   Date

21. DATE OF DEATH
   Sept. 26, 1934

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

23. Other Contributory Cause of importance:
   Cause of death: TUBERCULOSIS
   Name of operation
   Date of operation
   Date of confirm diagnosis
   Was there an autopsy

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

25. Manner of injury
   Nature of injury
   If so, specify
   Signed
   Address
   Regist.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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</tr>
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Other contributory causes of importance:

Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

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

1. PLACE OF DEATH

County: Anne Arundel
Village or City: Crownsville State Hospital

2. FULL NAME: William Harris

(a) Residence: No. Washington County

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): 1899

7. AGE: 35
   Months: Unknown
   Days: Known
   If LESS than 1 day, __________ hrs. or __________ min.

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

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

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

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

12. BIRTHPLACE (city or town): Virginia
   (State or country): Unknown

13. NAME: Unknown

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

15. MAIDEN NAME: Lizzie Hamilton

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

17. INFORMANT: Hospital Records
   (Address): Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL
   Place: Washington, D.C.
   Date: Unknown

19. UNDERTAKER: E. W. L..sess
   (Address): New York City

20. FILED: 7/5/1934

21. DATE OF DEATH
   (Month): September
   (Day): 6
   (Year): 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1924, to Sept. 5, 1934
   I last saw him alive on Sept. 5, 1934; death is said to have occurred on the date stated above, at 2:50 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   General Paralysis of the Insane

   Other Contributory Causes of Importance:
   Syphilis

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

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

   Signature: __________________________
   (Address): Crownsville, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNIVERSAL STATE 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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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbidity conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

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Other contributory causes of importance:

Gallstones                      | May 1, 1923 |

**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>
<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: Anne Arundel
   Village or City: Eastport
   Registration Dist. No.: 21
   No.: 490 Chester Ave.
   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: EDWARD ANTHONY HUNOLD
   (a) Residence: No. 490 Chester Ave.

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: male
   4. COLOR OR RACE: white
   5a. If married, widowed, or divorced: HUSBAND of
      or) WIFE of
      Emma A. Hunold

   6. DATE OF BIRTH (month, day, and year): Sept. 14, 1879
   7. AGE: years months days
      54 11 20
      If LESS than
      1 day, hrs.
      or min.

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
      Chief Boatswains mate
      U.S.N., retired.

   9. 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):
      Baltimore, Maryland.


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

   15. MAIDEN NAME: Mary Lucke

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


   18. BURIAL, CREMATION, OR REMOVAL
      Place: Baltimore, Md. Date: Sept. 6, 1934


   20. FILED: 9-5-1934

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH
      Sept. 3, 1934

   22. I HEREBY CERTIFY, That I attended deceased from
      May 1, 1934, to Sept. 3, 1934.
      I last saw him alive on Sept. 3, 1934; death is said to have occurred on the date stated above, at 8:20 a.m.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
      Paralysis agitans.

   Other Contributory Causes of importance:

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

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

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

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

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

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

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

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

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

### Example I

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

### Example II

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

### Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
# Health Department—City of Baltimore

## Certificate of Death

### 1. Place of Death
- **Anne Arundel**
- **City of Baltimore (No. 2734 Heights Rd., Ward)**

### 2. Full Name
- Calvin Johnson
- **Residence:** No. 51 W. Broadway St., Ward

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Sex: M</td>
<td>21. Date of Death (month, day, year): <strong>Sept. 17, 1934</strong></td>
</tr>
<tr>
<td>4. Color or Race: Colored</td>
<td>22. I hereby certify, that I attended deceased from <strong>Sept. 7, 1934, to Sept. 17, 1934</strong></td>
</tr>
<tr>
<td>5. Single, Married, Widowed, or Divorced: MARRIED</td>
<td>I last saw him alive on <strong>Oct. 10, 1934</strong>. Death is said to have occurred on the date stated above, at 9:45 A.M.</td>
</tr>
<tr>
<td>5a. If married, widowed, or divorced: HUSBAND OF Catherine Johnson</td>
<td>The principal cause of death and related causes of importance were as follows: <strong>Pneumonia, E. B. C.</strong> Date of onset: <strong>Mar. 1934</strong></td>
</tr>
<tr>
<td>6. Date of Birth (month, day, year): <strong>May 12, 1884</strong></td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>7. Age: 54</td>
<td></td>
</tr>
<tr>
<td>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Colored</td>
<td></td>
</tr>
<tr>
<td>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:</td>
<td></td>
</tr>
<tr>
<td>10. Date deceased last worked at this occupation (month and year):</td>
<td>Name of operation: <strong>None</strong> Date of:</td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation:</td>
<td>What test confirmed diagnosis? <strong>None</strong> Was there an autopsy? <strong>No</strong></td>
</tr>
<tr>
<td>12. Birthplace (city or town): <strong>Baltimore</strong></td>
<td>23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <strong>None</strong> Date of injury: <strong>1934</strong></td>
</tr>
<tr>
<td>13. Name: <strong>Catherine Johnson</strong></td>
<td>Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place:</td>
</tr>
<tr>
<td>14. Birthplace (city or town): <strong>Muhlenburg</strong></td>
<td>Manner of injury:</td>
</tr>
<tr>
<td>15. Maiden Name: <strong>Margaret Harmon</strong></td>
<td>Nature of injury:</td>
</tr>
<tr>
<td>16. Birthplace (city or town): <strong>Maryland</strong></td>
<td>24. Was disease or injury in any way related to occupation of deceased? <strong>Yes</strong> If so, specify:</td>
</tr>
<tr>
<td>17. Informant: <strong>Sarah E. Jett</strong></td>
<td>(Address): <strong>641 W. Conway</strong></td>
</tr>
<tr>
<td>18. Burial, Cremation, or Removal: <strong>P. Calow</strong> Date: <strong>9/18, 1934</strong></td>
<td>(Signed): <strong>M. D.</strong></td>
</tr>
</tbody>
</table>
UNITED STATES STANDARD CERTIFICATE OF DEATH

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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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<td>Arteriosclerosis</td>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

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

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Crownsville State Hospital
   Length of residence in city or town where death occurred: 1 yrs., 21 mos.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: John W. Johnson
   (a) Residence: No. Baltimore City
      (Usual place of abode)

3. SEX: Male
   4. COLOR OR RACE: Black
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writhe the word) Separated

6. DATE OF BIRTH (month, day, and year): 1870

7. AGE: 64 Years
   Unknown Months
   Unknown Days
   (If less than 1 day, state in hrs. or mins.)

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Teamster
   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Unknown

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Unknown
    11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: Unknown

12. BIRTHPLACE (city or town): Washington, D.C.
    (State or country)

13. NAME: John William Johnson (Dead)
    (Father)

14. BIRTHPLACE (city or town): Washington, D.C.
    (State or country)

15. MAIDEN NAME: Eliza Maiben (Dead)
    (Mother)

16. BIRTHPLACE (city or town): Washington, D.C.
    (State or country)

17. INFORMANT: Hospital Records
    (Address)

18. BURIAL, CREMATION, OR REMOVAL: Hospital Records
    (Address)

19. UNDERTAKER: Dr. F. C. Winkler
    (Address)

20. FILED: 1934
    (Address)

21. DATE OF DEATH
    (Month) September 19
    (Day) 1934
    (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1934, to September 19, 1934.
    I last saw him alive on Sept. 19, 1934; death is said to have occurred on the date stated above, at 8:35 A.M.
    The Principal Cause of Death and related causes of importance were as follows:
    Cerebral Arteriosclerosis
    Senility

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

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

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

M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Cerebral hemorrhage</td>
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<td>3 days ago</td>
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</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County: Anne Arundel
Village or City: Crownsville, Md.
Length of residence in city or town where death occurred: 2 yrs. 11 mos. 28 ds.

2. FULL NAME: LEONARD JOHNSON

(a) Residence: No. Baltimore, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Black

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

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

7. AGE: 23

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

9. OCCUPATION: Laborer

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: September 16, 1934

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 23 yrs.

12. BIRTHPLACE (city or town): Virginia

13. NAME: Unknown

14. BIRTHPLACE (state or country): Virginia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (state or country): Virginia

17. INFORMANT: Hospital Records

18. BURIAL, CREMATION, OR REMOVAL: September 26, 1934

20. FILED: September 26, 1934

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

22. CERTIFICATION: I HEREBY CERTIFY, that I attended deceased from November 24, 1931, to September 16, 1934, and I last saw him alive on September 16, 1934, and his death occurred on the date stated above, at 1:45 A.M.

23. CAUSE OF DEATH: Pulmonary Tuberculosis

Other Contributory Causes of Importance:

---

If more blanks are needed, address State Registrar, 2400 N. Charles Street, Baltimore, Requesting "V. S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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</tr>
<tr>
<td></td>
<td>1915</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td>3 days ago</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: A.O.  Registration Dist. No. 25
Village or City: Potomac Park
No.  St., Ward

2. FULL NAME: Martha Johnson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

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

5a. If married, widowed, or divorced, name of husband: Gabriel Johnson

6. DATE OF BIRTH (month, day, and year): 1-16-1886

7. AGE

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>7</td>
<td>24</td>
</tr>
</tbody>
</table>

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

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

10. Data deceased last worked at this occupation (month and year): 1-16-1886

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

12. BIRTHPLACE (city or town)

(State or country): N.C.

13. NAME: Marie Franklin

14. BIRTHPLACE (city or town)

(State or country): N.C.

15. MAIDEN NAME: Phyllis Thornton

16. BIRTHPLACE (city or town)

(State or country): N.C.

17. INFORMANT

Address: Gabriel Johnson

18. BURIAL, CREMATION, OR REMOVAL

Date: Sept. 10, 1934

19. UNDERTAKER

Address: R. A. Elliott

20. FILED

Date: Dec. 10, 1934

REGISTRAR

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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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>1927</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

| Other contributory causes of importance: |
| Gastroenteritis |

1 year

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

1. PLACE OF DEATH

County. Anne Arundel
Village or City. Huskelly, Md.
Registration Dist. No. 20

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5a. If married, widowed, or divorced
TROUBLED OR WIFE OF
WILLIAM JONES

6. DATE OF BIRTH (month, day, and year)
Feb. 25, 1858

7. AGE

74 Years

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 SILEN MILL, SAW MILL, BANK, etc.
Own home

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

11. Total time (years) spent in this occupation

OCCUPATION

21. DATE OF DEATH

September 25, 1934

22. I HEREBY CERTIFY, that I attended deceased from September 4, 1934, to September 25, 1934. I last saw her alive on September 14, 1934; death is said to have occurred on the date stated above, at 6:00 a.m. The principal cause of death and related causes of importance were as follows:

Clinical diagnosis: Acute myocardial infarction

Other Contributory Causes of Importance:

Hypertension

Name of operation:

Date of:

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury:

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

Registrar

9/26, 1934

[State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.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.

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

<table>
<thead>
<tr>
<th>Principal cause of death and related causes</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>RECEIVED 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>OCT 6 1934</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Glen Burnie
   No. Grain Highway
   Registration Dist. No.: 2 3
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: David S. Lear
   (a) Residence: No. Grain Highway bet. 3rd & 5th Sts.
   (b) If nonresident give city or town and State
   If married, widowed, or divorced: HUSBAND of
   (c) If married, widowed, or divorced: HUSBAND of
   (d) If married, widowed, or divorced: HUSBAND of
   (e) If married, widowed, or divorced: HUSBAND of

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
6. DATE OF BIRTH: June 18, 1878
7. AGE: 56 Years 3 Months 4 Days
8. Trade, profession, or particular kind of work done: Glass Blower
9. Industry or business in which work was done: Glass Blower
10. Date deceased last worked: 1931
11. Total time (years) spent in this occupation: 1931
13. NAME: Theodore Lear
15. MAIDEN NAME: Louisa Sparks
16. BIRTHPLACE: New Jersey
17. INFORMANT: Wife, Amelia Lear
18. BURIAL, CREMATION, OR REMOVAL: Place: Under Cly. Date: Sept 25, 1934
19. UNDERTAKER: Joseph J. McGillicuddy
20. FILED: 9 23, 1934

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: September 22, 1934

I HEREBY CERTIFY, That I attended deceased from Sept 22, 1934, to Sept 22, 1934.
I last saw him alive on Sept 22, 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:
Coronary Occlusion 9/27/34

Other Contributory Cause of Importance:
Chronic Nephritis 1930

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 the following:
    Accident, suicide, or homicide? None
    Date of injury: 19
    Where did injury occur? (Specify city or town, county and State)
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
    Manner of injury
    Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify: Albert H. Rogge, Act. Corr. (Signed) M. D.
(Address) 1600 M Street, N.W., Washington, D.C.

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

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

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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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Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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</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, 1929 |

---

Example II

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

Other contributory causes of importance:
- Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Anne Arundel
Village or City: Crownsville, Maryland

2. FULL NAME

Mary Linder
(a) Residence: No. Baltimore City
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Black

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

Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Unknown

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

1873

7. AGE

Years: 61
Months: Unknown
Days: Unknown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 20, 1934

22. I HEREBY CERTIFY. That I attended deceased from

May 19th, 1934, to Sept. 20, 1934

I last saw her alive on Sept. 20, 1934; death is said to have occurred on the date stated above, at 2:00 P.M.

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

Intestinal Obstruction

Operative Cause by Acute Adhesions

Duration: 5 Days

Agitation

Other Contributory Causes of importance:

Acidosis

Inanition

12. BIRTHPLACE (city or town)

Unknown

13. NAME

Unknown

14. BIRTHPLACE (city or town)

Unknown

15. MOTHER NAME

Unknown

16. BIRTHPLACE (city or town)

Unknown

17. INFORMANT

Hospital Records

Address: Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place: Hospital Cemetery

Date: 9/22, 1934

19. UNDERTAKER

Address: Crownsville, Maryland

20. FILED

9/22, 1934

Registration Dist. No.

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

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

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

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Jessup, Md.
   Length of residence in city or town where death occurred: 1 yrs. 9 mos. 5 ds.

2. FULL NAME: Byrd Matheny
   Residence: Maryland House of Correction, Ward.
   If nonresident give city or town and State.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Aug 29, 1881
7. AGE: 53 yrs. 0 mos. 27 days

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

9. Occupation: Farmer

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

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

12. BIRTHPLACE (city or town): tin
   State or country: Virginia

13. NAME: John Matheny
14. BIRTHPLACE (city or town): unknown
   State or country: unknown

15. MAIDEN NAME: Susan Welch
16. BIRTHPLACE (city or town): unknown
   State or country: unknown

17. INFORMANT: Henry M. Brown
   Address: Jessup

22. MEDICAL CERTIFICATE OF DEATH
   I HEREBY CERTIFY, That I attended deceased from April 26, 1931, to Sept. 25, 1934.
   I last saw him alive on September 25, 1934; death is said to have occurred on the date stated above, at 11:10 A.M.
   The principal cause of death and related causes of importance were as follows:
   Aortic Aneurysm, Chronic Nephritis
   Cardiac Decompensation, Uremia

   Other Contributory Causes of Importance:
   Lues

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

   Accident, suicide, or homicide?: No
   Date of Injury: 19.
   Where did injury occur?: (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.
   Manner of Injury: 
   Nature of injury: 
   Date of injury: 
   Nature of injury: 
   Date of injury: 

23. Was disease or injury in any way related to occupation of deceased?: No
   If so, specify:
   (SIGNED) Dr. Henry A. Clary
   (Address) Jessup, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting 'U. S. No. 2.'
STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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<td>1915</td>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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</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>
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<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
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<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

**Example I**

| Gallstones | May 1, 1923 |

**Example II**

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND—CERTIFICATE OF DEATH

Registered Dist. No. 21

1. PLACE OF DEATH
County: Anne Arundel
Village or City: Lakeshore

2. FULL NAME
Helga Monson
(a) Residence: No. Bodkins Ave., St., Ward.

3. SEX
Female

4. COLOR OF RACE
White

5. SINGLED, MARRIED, WIDOWED, OR DIVORCED
Married

6. DATE OF BIRTH
April 24, 1879

7. AGE
55

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK Done
(OR) WIFE OF

9. INDUSTRY OR BUSINESS IN WHICH WORK Was Done
(OR) WIFE OF

10. DATE DECEASED LAST WORKED AT
This Occupation (Month and Year)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
Ireland

13. NAME
John Peggan

14. BIRTHPLACE (CITY OR TOWN)
(Ireland)

15. MAIDEN NAME
Elizabeth Monson

16. BIRTHPLACE (CITY OR TOWN)
(Ireland)

17. INFORMANT
Margaret Peggan

18. BURIAL, CREMATION, OR REMOVAL
Cathedral

19. UNDERTAKER
Margaret Monson

20. FILED
19

21. DATE OF DEATH
September 16th, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 12th, 1934; September 15, 1934, I last saw Her alive on September 15, 1934; death is said to have occurred on the date stated above, at 7 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Arteriosclerosis

Other Contributory Causes of Importance:
Apoplexy

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

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
No

If so, specify

Address

Address

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1935</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>July 5, 1937</strong></td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>Gallstones</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: Anne Arundel
   Village or City: Crownsville State Hospital
   Length of residence in city or town where death occurred: yrs. 2 mos. 14 ds.

2. FULL NAME: Walter Mosley
   Residence: No. Baltimore City

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: Black
   SINGLED, MARRIED, WIDOWED, OR DIVORCED: Married
   OCCUPATION: Waiter
   Date of Birth: Aug. 10, 1869
   AGE: 65 yrs. 1 mo. 14 ds.
   BIRTHPLACE: Virginia
   HUSBAND OF: Lilly Mosley

4. DATE OF DEATH: September 24, 1934
   Cause of Death: General Paralysis of the Insane
   Other Contributory Cause: Syphilis

5. Medical Certificate of Death:
   Date of Onset: ?
   Name of Operation: ?
   What Test Confirmed Diagnosis: ?
   Was there an autopsy: ?

6. BURIAL, CREMATION, OR REMOVAL:
   Place: Baltimore, Md.
   Date: 9/25

7. UNDERTAKE: 324 F. St., Baltimore
   SIGNATURE: M. D.

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

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</tbody>
</table>

Other contributory causes of importance:

| Gallstones                       | May 1, 1923 |

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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<td>1 week ago</td>
</tr>
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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: Anne Arundel
   Village or City: Crownsville State Hospital
   Registration Dist. No.: 2
   St., Ward:

2. FULL NAME: Buck Parker
   Residence: No. Anne Arundel County
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   September 5 (Month) 1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1924 to Sept. 5 1934.

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

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

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

25. Date of:

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.

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

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<td>Other contributory causes of importance: Gallstones</td>
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</tbody>
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<td>Date of onset</td>
</tr>
<tr>
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</tr>
<tr>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance: Gastroenteritis</td>
</tr>
</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Annapolis
   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
   First Name: Ha Hale
   Last Name: Murray
   Residence: No. ___ St., ___ Ward.
   If nonresident give city or town and State.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   May 20, 1934

7. AGE
   Years: 5
   Months: 2
   Days: 0
   If LESS than 1 year, ___ hrs. or ___ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWNER, BOOKKEEPER, etc.
   No occupation specified.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   No industry or business specified.

10. Data deceased last worked at this occupation (month and year)
    No data available.

11. Total time (years) spent in this occupation
    No time spent in occupation.

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

13. NAME
    George Murray

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

15. MAIDEN NAME
    Mary Lee Curry

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

17. INFORMANT
    Marie Murray

18. BURIAL, CREMATION, OR REMOVAL
    Place: Broadneck
    Date: Sept. 12, 1934

19. UNDERTAKER
    Name: John B. John

20. FILED
    Date: 5/11/34

21. DATE OF DEATH
    Month: 9
    Day: 10
    Year: 1934

22. I HEREBY CERTIFY, That I attended deceased from ___ to ___.
    I last saw him alive on ___.
    The principal cause of death and related causes of importance were as follows:
    (Signatures)

23. Accident, suicide, or homicide?
    No

24. If so, specify
    (Signed)

25. Manner of injury

26. Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U.S. No. 1."
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</tr>
<tr>
<td></td>
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</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
Estella Parker
(a) Residence: No. 83, North West St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male
4. COLOR OR RACE
Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married
5a. If married, widowed, or divorced, HUSBAND OF (or) WIFE of
Estella Parker

6. DATE OF BIRTH
Dec. 23, 1899
7. AGE
34 Years

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

10. Data decedent last worked at this occupation
Dec. 25, 1934

11. TOTAL TIME SPENT IN THIS OCCUPATION
10 Years

12. BIRTHPLACE (city or town)
Anna, Ind

13. NAME
Thomas Thomas

14. BIRTHPLACE (city or town)
Williamsville, Ind

15. MAIDEN NAME
Margaret Hall

16. BIRTHPLACE (city or town)
Louisville, Ky

17. INFORMANT
William Parker

18. BURIAL, CREMATION, OR REMOVAL
Place: Boswell, S. Ind  
Date: 9/29/1934

19. UNDERTAKER
William Parker

20. FILED
9/17/1934

If more blanks are needed, address State Registrar, 2611 N. Charles Street, Baltimore, Requesting V. S. No. 1.
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Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Anne Arundel
   No. Registration Dist. No: 21
   Village or City: Annapolis
   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: 1 yrs. 9 mos. ds.
   How long in U.S. If of foreign birth: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 87 Chesapeake Ave.
   St., Ward: 
   If nonresident give city or town and State
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   Dec 30 1865

7. AGE
   Years: 68
   Months: 8
   Days: 23
   If LESS than 1 day, ______ hrs. ______ min.

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

9. Industry or business in which work was done, as 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)
   Baltimore MD

13. NAME
   Conrad Roeder

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

15. MAIDEN NAME
   

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

17. INFORMATION (Address)
   Mrs. Edgar & Porter
   87 Chesapeake Ave

18. BURIAL, CREMATION, OR REMOVAL
   Place: Western Cemetery
   Data: Sep 25, 1934

19. UNDERTAKER
   (Address)
   John T. Durant
   #18 Light St

20. FILED
   9 22 19
   Registrar

21. DATE OF DEATH
   Sept 22 1934
   (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from
   June 1, 1934, to Sept 22, 1934
   Last saw him alive on Sept 22, 1934; death is said to have occurred on the date stated above, at 12 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Other Contributory Causes of importance:
   Name of operation...
   Date of...
   What test confirmed diagnosis?
   Date of...
   Was there an autopsy?
   Date of...
   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...
   Disease or injury in any way related to occupation of deceased?
   Date of...
   If so, specify...
   (Signed) George Davidson M.D.
   (Address)

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

**Other contributory causes of importance:**

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

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

1. PLACE OF DEATH

County. Anne Arundel
Village or City. Ferndale

Length of residence in city or town where death occurred. 15 yrs. mos. days.

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

2. FULL NAME. Samuel Sawyer
(a) Residence: No. Wellham Ave., Ferndale
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) Aug. 2, 1867

7. AGE
   Years 67
   Months 1
   Days 8
   IF LESS than 1 day, ________ hrs. or ________ min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). Norfolk, Va.
   (State or country)

13. NAME John A. Sawyer
14. BIRTHPLACE (city or town).
   (State or country) Va.

15. MAIDEN NAME Sadie Bright
16. BIRTHPLACE (city or town).
   (State or country) Va.

17. INFORMANT
   Mrs. Sadie V. Sawyer (Wife)
   Wellham Ave., Ferndale, Md.
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place. Cedar Hill
   Date. Sept. 13, 1934

19. UNDERTAKER
   (Address) John F. Dessauer

20. FILED
   (Address) 9/16, 1934

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from July 1, 1934, to Sept. 10, 1934,
I last saw her alive on Sept. 9, 1934; death is said

23. The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Disease of the Brain Aug. 8
   Other Contributory Causes of importance:

24. Disease or injury in any way related to occupation of deceased?
   No
   If so, specify

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

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

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

2. **FULL NAME**
   - Frank Scala
   - Residence: Corn Hill St., Annapolis, Md.

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - April 9, 1891

7. **AGE**
   - Years: 43, Months: 5, Days: 4

8. **OCCUPATION**
   - Fruit Dealer

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - Own Store

10. **BIRTHPLACE (city or town)**
    - Baltimore, Md.

11. **MAIDEN NAME**
    - Mary Annadell

12. **INFORMANT**
    - Mrs. Regina Scala

13. **BURIAL, CREMATION, OR REMOVAL**
    - Annapolis, Md., Sept. 24, 1934

14. **UNDERTAKER**
    - J. M. Taylor

15. **FILED**
    - Sept. 28, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Sept. 23, 1934

22. **I HEREBY CERTIFY**
    - That I attended deceased from
    - Place
    - Last saw him alive on
    - Date
    - If death occurred in a hospital or institution, give its NAME instead of street and number

23. **PrINCIPAL CAUSE OF DEATH and related causes of importance**
    - Coronary Arteriosclerosis
    - Chronic Disease of Heart

24. **Other Contributory Causes of importance**
    - Name of operation
    - Date of operation
    - What test confirmed diagnosis? (Specify)
    - Date of test
    - Was there an autops? (Specify)

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

**If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registration No. 51955.**
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

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

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

1. PLACE OF DEATH
   County: A
   Village or City: Pasadena, Maryland
   No. St., Ward:  No.
   Length of residence in city or town where death occurred: 33 yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   How long in U.S. if of foreign birth? yrs. mos. ds.

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

   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (mark the word)
   6a. If married, widowed, or divorced
   HUSBAND of (or) WIFE of
   Frank Sears

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

4. SEX
   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (mark the word)

5. AGE
   Years: 51
   Months: 4
   Days: 8
   If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   Date deceased last worked at this occupation (month and year)

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): PASADENA

13. NAME
   Mother: Charlotte Watson

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

15. MAIDEN NAME
   Eliza Watson

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

17. INFORMANT
   (Address)
   Frank Sears

18. BURIAL, CREMATION, OR REMOVAL
   Place: Hilger awhile
   Date: Sept. 10, 1934

19. UNDERTAKER
   (Address)

20. FILED: 9-10-1934

21. DATE OF DEATH
   (Month) 8
   (Day) 9-10-1934
   (Year) 1934

22. I HEREBY CERTIFY That I attended deceased from
   Sept. 7, 1934, to Sept. 8, 1934, and was present when deceased died.
   The principal cause of death and related causes of importance were as follows:
   Acute Subdilation of Heart. Sudden

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

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.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**
The principal cause of death and related causes of importance were as follows:

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

<table>
<thead>
<tr>
<th>Condition</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
1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Jessel
   Length of residence in city or town where death occurred: 2 yrs. 2 mos.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   Thomas Sharp
   Residence No. 2 St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
   4. COLOR OR RACE: C
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
   6. DATE OF BIRTH (month, day, and year): July 1, 1934
   7. AGE: 27
   8. Trade, profession, or particular kind of work done: CLOTH
   9. Industry or business in which work was done: None
   10. Date deceased last worked at this occupation (month and year): None
   11. Total time (years) spent in this occupation: None

MOTHER
   Name: Thomas Sharp
   State or country: Maryland

FATHER
   Name: Thomas Sharp
   State or country: Maryland

MAIDEN NAME
   Name: Thomas Sharp
   State or country: Maryland

INFORMANT
   Name: Thomas Sharp
   Address: None
   Relationship: MOTHER

BURIAL, CREMATION, OR REMOVAL
   Place: None
   Date: None

UNTERTAKER
   Name: Robert Ford
   Address: None
   Date: None

FILED
   Date: Sept. 26, 1934
   Registrars:

REGISTRATION DIST. No. 20

DATE OF DEATH
   Sept. 26, 1934

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

MEDICAL CERTIFICATE OF DEATH
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Cause:
   Date of onset:

   Other Contributory Causes of importance:
   Cause:
   Date of onset:

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

   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:
   (Signed):
   M. D.
   Address:

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

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

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<table>
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<tr>
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<th>Example II</th>
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</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>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**1. PLACE OF DEATH**

County: Anne Arundel
Village or City: Jessup, A.A.C. Maryland House of Correction
Length of residence in city or town where death occurred: yrs. 10 mos. 0 ds.

**2. FULL NAME:** Emery Stolipher
(a) Residence: No. 1111 E. Pratt St.

**PERSONAL AND STATUTORY PARTICULARS**

3. SEX: Male
4. COLOR OR RACE: White
5a. If married, widowed, or divorced: HUSBAND of
5b. If married, widowed, or divorced: WIFE of

**6. DATE OF BIRTH**

Month: Oct. Year: 1894

7. AGE: Years 39, Months 11, Days 8

**OCCUPATION**

Plumbers Helper

**21. DATE OF DEATH**

Month: Sept., Day: 8, Year: 1934

**22. I HEREBY CERTIFY,** that I attended deceased from Sept. 1, 1934, to Sept. 8, 1934, I last saw h. m. alive on Sept. 7, 1934; death is said to have occurred on the date stated above, at 12:30 P.M.

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

- Pulmonary Fibrosis
- Ruptured Aortic Aneurysm
- Ascending portion of Aorta

Other Contributory Causes of importance:

- (Unknown)

**13. NAME:** Calvin Stolipher

**15. MAIDEN NAME:** Unknown

**17. INFORMANT:** Arthur R. Conti, Woodbridge, Va.

**19. UNDERTAKER:** Philip Whitfield

**20. FILED:** Sept. 8, 1934

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

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

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1931</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones                                   
  Date: May 1, 1923

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>
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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                             
  Date: 1 year
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - **County:**
   - **Village or City:**
   - **Registration Dist. No.:**
   - **No. St., Ward:**
   - **Length of residence in city or town where death occurred:**
   - **If death occurred in a hospital or institution, give its NAME instead of street and number:**

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

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX:**
   - **COLOR OR RACE:**
   - **S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD):**
   - **Married:**
   - **HUSBAND of (or) WIFE of:**
   - **DATE OF BIRTH** (month, day, and year):
   - **AGE Years, Months, Days:**
   - **If less than 1 year, state months and days:**
   - **OCCUPATION:**
   - **DATE deceased last worked at this occupation (month and year):**
   - **TOTAL TIME (YEARS) spent in this occupation:**

4. **BIRTHPLACE (city or town):**
   - **NAME:**
   - **MOTHER FATHER:**
   - **MAIDEN NAME:**
   - **BIRTHPLACE (city or town):**
   - **ADDRESS:**
   - **INFORMANT:**
   - **BURIAL, CREMATION, OR REMOVAL:**
   - **Place:**
   - **Date:**

5. **UNDERTAKER:**
   - **Address:**

6. **FILED:**
   - **Address:**

7. **DATE OF DEATH**
   - **Month:**
   - **Day:**
   - **Year:**

8. **MEDICAL CERTIFICATE OF DEATH**
   - **I HEREBY CERTIFY, That I attended deceased from**
   - **April 1st, 1934, to April 17th, 1934; death a result of**
   - **The PRINCIPAL CAUSE OF DEATH and related causes of importance as follows:**
   - **DATE OF BAPTISM:**

9. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:**

10. **NAME OF OPERATION:**
    - **DATE:**

11. **WHAT TEST CONFIRMED DIAGNOSIS?**
    - **DATE OF AUTOPSY:**

12. **ACCIDENT, SUICIDE, OR HOMICIDE:**
    - **DATE OF INJURY:**

13. **WHERE DID INJURY OCCUR?**
    - **ADDRESS:**

14. **MANNER OF INJURY:**
    - **NATURE OF INJURY:**

15. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - **IF SO, SPECIFY:**

---

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>
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<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**PLACE OF DEATH**

County: ____________

Village or City: Eastport (No. __________)

**FULL NAME**

Baby Turner

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>3 SEX</th>
<th>4 COLOR OR RACE</th>
<th>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✧</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

**DATE OF BIRTH**

9-25-34

**AGE**

Yrs. ____________ Mos. ____________ Age: ____________

**OCCUPATION**

(a) Trade, profession or particular kind of work: ____________

(b) General nature of industry, business, or establishment in which employed or (employer): ____________

**BIRTHPLACE**

(State or country): Eastport M

**NAME OF FATHER**

Dr. Turner

**BIRTHPLACE OF FATHER**

(State or country): ____________

**MAIDEN NAME OF MOTHER**

Elizabeth Brown

**BIRTHPLACE OF MOTHER**

(State or country): ____________

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

Informant: ____________

Address: ____________

**PLACE OF BURIAL OR REMOVAL**

Pollyfield

**DATE OF BURIAL**

9-26-34
CERTIFICATE OF DEATH

Revised United States Standard

(As printed on U.S. Census and American Public Health Association's Form)

Statement of Occupation

(Prospective)
## Full Name

**Will Tyler**

**Residence:** Fort George G. Meade, Md.

### Personal and Statistical Particulars

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

| 6. DATE OF BIRTH (month, day, and year) | June 23, 1894 |
| 7. AGE | 60 | 2 | 10 |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc. | Enrollee |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Laborer, Ft. Geo. G. Meade |
| 10. Date deceased last worked at this occupation (month and year) | 1934 |
| 11. Total time (years) spent in this occupation | 1/12 |

### Medical Certificate of Death

21. **DATE OF DEATH**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>8</td>
<td>1934</td>
</tr>
</tbody>
</table>

22. **I HEREBY CERTIFY,** That I attended deceased from Sept. 8, 1934, to Sept. 19, 1934.

I last saw him alive on Sept. 8, 1934, and to have occurred on the date stated above, at 1:00 p.m., death is said to have been caused by being struck by automobile.

23. **Accident**

Accident, suicide, or homicide? Accident


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

Manner of injury. Struck by "hit-and-run" driver

Nature of injury. Compound fracture, right thigh - shock & hemorrhage

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

(Signed) Lester L. Disney, Dealer in Md.

Case reported to the Bureau of the Census.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</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: A.A.
- Village or City: Earleigh Heights
- Registration Dist. No.: 21

**2. FULL NAME**
- (a) Residence: No. Earleigh Heights
- Unam

### PERSONAL AND STATISTICAL PARTICULARS

#### 3. SEX
- Male

#### 4. COLOR OR RACE
- Colored

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

#### 6. DATE OF BIRTH
- Feb 15, 1934

#### 7. AGE
- Years: 76
- Months: 16
- Days: 0
- If less then 1 day: 0
- Hrs: 0
- Min: 0

#### 8. Trade, profession, or particular kind of work done
- SPINNER

#### 9. Industry or business in which work was done
- MILL, BANK

#### 10. Date deceased last worked at this occupation
- Month: 0
- Year: 0

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

#### 12. BIRTHPLACE (city or town)
- Earleigh Heights

#### 13. NAME
-厄尔·摩根

#### 14. BIRTHPLACE (city or town)
- State or country:

#### 15. MAIDEN NAME
- Annie Elizabeth

#### 16. BIRTHPLACE (city or town)
- State or country:

#### 17. INFORMANT
- Deceased's Informant

#### 18. BURIAL, CREMATION, OR REMOVAL
- Place: Earleigh Heights
- Date: Sept 30, 1934

#### 19. UNDERTAKER
- Address: Earleigh Heights

#### 20. FILED
- Date: Sept 30, 1934

### MEDICAL CERTIFICATE OF DEATH

#### 22. I HEREBY CERTIFY
- That I attended deceased from
- I last saw h. alive on
- Date of death
- Death is said to have occurred on the date stated above, et.

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

- Diarrhea, and
- [Indicate cause]

Other Contributory Causes of Importance:
- [Indicate cause]

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

Manner of injury:
- Nature of injury:

#### 24. Was disease or injury in any way related to occupation of deceased?
- If so, specify (Signed):
- Address: Earleigh Heights

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<tr>
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<td>Other contributory causes of importance:</td>
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<tr>
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<td>May 1, 1923</td>
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<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Anne Arundel
Village or City: Fort George G. Meade
No.: Station Hospital St., Ward
Length of residence in city or town where death occurred: 6 yrs. 9 mos. 15 ds.

2. FULL NAME: Jane Henriette Marie Warner

(a) Residence: No. Fort George G. Meade, Md. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5a. If married, widowed, or divorced
5b. If married, widowed, or divorced

6. DATE OF BIRTH (month, day, year) January 17, 1892

7. AGE

8. TRADE, PROFESSION, OR PARTICULAR

9. OCCUPATION

Own home

10. Date deceased last worked at this occupation (month and year) October 16, 1934

11. Total time (years) spent in this occupation: 18

12. BIRTHPLACE (city or town)

Le Havre, France

13. NAME: Jacques Marie

14. BIRTHPLACE (city or town): Unkown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town): Unknown

17. INFORMANT: Charles Warner

18. BURIAL, CREMATION, OR REMOVAL

Place: Ft. Geor.G. Meade, Md. Date: Sept. 18, 1934

19. UNDERTAKER: Lloyd Kaiser

20. FILED: Sept. 18, 1934

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Oct 4 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</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>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: Anne Arundel
Village or City: Crownsville State Hospital

2. FULL NAME: Joseph White

(a) Residence: No. Baltimore City

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year) 1880

7. AGE Years: Unknown
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Porter

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

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

12. BIRTHPLACE (city or town) Maryland
13. NAME George White
14. BIRTHPLACE (city or town) Maryland
15. MAIDEN NAME Alice (Unknown)
16. BIRTHPLACE (city or town) Unknown

17. INFORMANT Hospital Records
18. BURIAL, CREMATION, OR REMOVAL Place of Death: Crownsville, Maryland
19. UNDERTAKER: David J. Condlin

20. FILED: 9/27, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 26, 1934
22. I HEREBY CERTIFY: That I attended deceased from June 8, 1925, to Sept. 26, 1934. I last saw him alive on Sept. 26, 1934; death is said to have occurred on the date stated above, at 7:10 A.M.
23. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Epilepsy
   Chronic myocarditis 6 mo.

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

25. Other Contributory Causes of importance:

26. Name of operation
27. What test confirmed diagnosis
28. Date of
29. Was there an autopsy

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

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

31. Manner of injury
32. Nature of injury

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<th>Date of onset</th>
<th>Attack of epilepsy</th>
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</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

<table>
<thead>
<tr>
<th>Attack of epilepsy</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Gastroenteritis</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: Cormorant
   - Village or City: Stanley & H.C. Road
   - No.: St., Ward: 
   - Length of residence in city or town where death occurred: 
   - If death occurred in a hospital or institution, give its NAME instead of street and number: 
   - How long in U.S. if of foreign birth? yrs., mos., ds.: 

2. **FULL NAME**
   - Mary Walak
     - Residence: No. 
     - St., Ward: 

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - Widowed
   - Name of husband or wife: George Walak

6. **DATE OF BIRTH**
   - Oct 29, 1875

7. **AGE**
   - 59 yrs., 11 mos., 0 days

8. **OCCUPATION**
   - Housework

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

10. **DATE OF DEATH**
    - Sept 18, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Sept 18, 1934

22. **I HEREBY CERTIFY**
    - That I attended deceased from Sept 19, 1934, to Sept 28, 1934.
    -Death is stated to have occurred on the date stated above, at 5:30 a.m.

23. **PRINCIPAL CAUSE OF DEATH**
    - Chronic Endocarditis

24. **Other Contributory Causes of Importance**
    - Coronary Insufficiency

25. **Name of operation**
    - 

26. **Date of operation**
    - 

27. **Was test confirmed diagnosis?**
    - Yes

28. **Nature of injury**
    - 

29. **Manner of injury**
    - 

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

31. **Date of onset**
    - 

32. **Register**
    - 

33. **Registrar**
    - 

**Additional Information**

- Birthplace: Poland
- Place of burial: Holy Rosary
- Undertaker: George S. Weiser
- Filed: 9/29, 1934
- Registration Dist. No.: 23

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN