STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Charleston
   No. Registration Dist. No.: 104
   Village or City: Charleston
   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):
   St., Ward.
   If nonresident give city or town and State:

   PERSONAL AND STATISTICAL PARTICULARS

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

   HUSBAND OF
   (or) WIFE of

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

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
   (Month) (Day) (Year)
   22. I HEREBY CERTIFY, That I attended deceased from
   23. I last saw h. alive on
   24. Death is said to have occurred on the date stated above, at
   25. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   26. Date of onset
   27. Diagnoses, symptoms, and complications
   28. Other Contributory Causes of Importance:
   29. Name of operation
   30. What test confirmed diagnosis
   31. Was there an autopsy?

   32. If death was due to external causes (VIOLENCE) fill in also the following:
   33. Accident, sudden, or homicidal
   34. Where did injury occur
   35. Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE
   36. Manner of Injury
   37. Nature of Injury

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

   39. If so, specify
   40. (Signed) Registrar

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>OCT. 6, 1924</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 106

PLACE OF DEATH
County: Charles

Village or City: Indian Head (No.

2 FULL NAME: William Henry Dean

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

DATE OF BIRTH: Dec. 16, 1875

AGE: 59 yrs. 9 mos. 0 days

DATE OF DEATH: Sep. 16, 1934

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended the deceased from 192... to 192...
that I last saw him alive on 192...
and that death occurred on the date stated above, at 7 m.
The CAUSE OF DEATH was as follows:

CONTRIBUTORY
Secondary

BIRTHPLACE
(State or country): Charles Co., Md.

NAME OF FATHER: Geo. Dean

BIRTHPLACE OF FATHER: Prince George Co., Md.

MAIDEN NAME OF MOTHER: Mary E. Hancock

BIRTHPLACE OF MOTHER: Charles Co., Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

INFORMANT: The Virginia Dean

ADDRESS: 129 Washington St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sep. 16, 1934

17 I HEREBY CERTIFY, That I attended the deceased from 192... to 192...
that I last saw him alive on 192...
and that death occurred on the date stated above, at 7 m.
The CAUSE OF DEATH was as follows:

CONTRIBUTORY
Secondary

BIRTHPLACE
(State or country): Charles Co., Md.

NAME OF FATHER: Geo. Dean

BIRTHPLACE OF FATHER: Prince George Co., Md.

MAIDEN NAME OF MOTHER: Mary E. Hancock

BIRTHPLACE OF MOTHER: Charles Co., Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

INFORMANT: The Virginia Dean

ADDRESS: 129 Washington St.

FILED: July 19, 1934

Registrar

PLACED OF BURIAL OR REMOVAL: Pisgah M.D.

DATE OF BURIAL: Sept. 17, 1934

UNDERTAKER: Staley Perry, Pisgah M.D.
For person who have no occupation business, that fact may be indicated on the line provided on the certificate of death ensuing." If neither occupation can be ascertained from the death certificate, the occupation of the deceased is to be given in the blank column provided at the end of the line. In case of the death of a person whose occupation cannot be ascertained, the word "housewife" or "home duties" should be recorded. The occupation of the deceased is to be given in the blank column provided at the end of the line.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County Charles
   Village or City Indian Head Rd. No. 161 Holden Rd. St. Ward
   Length of residence in city or town where death occurred 15 yrs. 7 mos. ds.

2. FULL NAME Ada Pearl Drinkard
   (a) Residence: No. 161 Holden Rd.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
   4. COLOR OR RACE W
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)
   Husband: Howard Drinkard
   (or) WIFE of
   Wife: Howard Drinkard
   6. DATE OF BIRTH (month, day, and year) Oct. 25, 1894
   7. AGE Years 44 Months 11 Days 4
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK Done: Housewife
   9. Industry or business in which work was done: Home
   10. Data deceased last worked at this occupation (month and year) Sept. 28, 1934
   11. Total time (years) spent in this occupation: 21 yrs.
   12. BIRTHPLACE (city or town) Lynchburg, Virginia
      (State or country)
   13. NAME Samuel C. Williams
      Father: James E. Williams
      14. BIRTHPLACE (city or town) Anacostia Co., Virginia
         (State or country)
   15. MAIDEN NAME Laura Kile
      Mother: Mary Kile
   16. BIRTHPLACE (city or town) Campbell Co., Virginia
      (State or country)
   17. INFORMANT (Address) J. T. Drinkard 161 Holden Rd.
   18. BURIAL, CREMATION, OR REMOVAL Place: Indian Head Rd.
      Date: 1934
   19. UNDERTAKER (Address) M. B. Williams
   20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 29, 1934
   22. I HEREBY CERTIFY that I attended deceased from Sept. 19, 1934, to Sept. 29, 1934.
   23. I last saw him alive on Sept. 29, 1934. Death is said to have occurred on the date stated above, at 9:30 p.m.
   The principal cause of death and related causes of importance were as follows:
   - Acute cardio-splenic disease
   - Chronic intestinal nephritis
   Other Contributory Causes of importance:

   Other Contributory Causes of importance:

   Name of operation...
   Date of...
   What test confirmed diagnosis? No
   Was there an autopsy? No
   24. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? No
   Date of injury...
   Where did injury occur?...
   Specified city or town, county, and state...
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury...
   Nature of injury...
   25. Was disease or injury in any way related to occupation of deceased? No
   If so, specify...

Registr. M. B. Williams
ADDRESS: Indian Head Rd.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | Oct 4, 1934 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

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

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

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

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

1. PLACE OF DEATH
   County: Charles
   Village or City: La Plata, MD
   Length of residence in city or town where death occurred: 30 yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. La Plata, MD

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: Jennie Yant

6. DATE OF BIRTH (month, day, and year)
   Feb 27, 1866

7. AGE
   Years: 68
   Months: 6
   Days: 10
   If LESS than 1 day, hrs. or... min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city of town)
   Charles Co. MD

13. NAME
   George Yant

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

15. MAIDEN NAME
   Margaret Yant

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

17. INFORMANT
   (Address)
   Jennie Yant

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Real
   Date: Sept 10th, 1934

19. UNDERTAKER
   (Address)
   H. A. Penza
   La Plata, MD
   Sept 11, 1934

20. FILED
   (Address)
   La Plata, MD
   Sept 11, 1934

REGISTRAR

21. DATE OF DEATH
   (Month)
   9
   (Day)
   11
   (Year)
   1934

I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1934, to Sept 7th, 1934.
I last saw him alive on Sept 6th, 1934; death is said to have occurred on the date stated above, at 2 A.M.

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

Acute myocardia

Date of onset: Aug 10

Other Contributory Causes of importance:

Acute bronchos pneumonia obstructive jaundice

Name of operation Date of:

What test confirmed diagnosis? Was there an autopsy?

22. 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.

Menner of injury Nature of injury

23. If so, specify

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

If so, specify

(Signed) M. D.

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</table>

Other contributory causes of importance:

| Gallstones | Gastroenteritis |
| May 1, 1923 | 11 year |

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

1. PLACE OF DEATH
   - County: Charles
   - Village or City: Mayville
   - Registration Dist. No.: 104

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

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

   6. DATE OF BIRTH (month, day, and year)
      - About 1850

   7. AGE
      - Years: 84

   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
      - Malea Sill

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

   15. MAIDEN NAME
      - Anna Thompson

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

   17. INFORMANT (Address)
      - Wilhelm H. Sill

   18. BURIAL, CREMATION, OR REMOVAL
      - Place: Holy Cross, Cat. Date: 9-11-1934

   19. UNDERTAKER (Address)
      - Charles W. Myrick

20. FILED: 9-10-1934 J. E. Rayford

   21. DATE OF DEATH
      - (Month) 9
      - (Day) 6
      - (Year) 1934

   22. I HEREBY CERTIFY, That I attended deceased from
      - 8-11-1934, to 9-6-1934; death is said to have occurred on the date stated above, at 47 m.

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

   Other Contributory Causes of importance:

   23. If death was due to external causes (VIOLENCE) fill in also the following:
      - Accident, suicidal, or homicide? Date of Injury: 1934, 9-11
      - 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 decedent?
      - If so, specify

   (Signed) J. E. Rayford M.D.

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Charles
   No. 102
   Village or City: Ellicott City
   St. St. Ward
   Registration Dist.
   Length of residence in city or town where death occurred: yrs. mos. ds.
   yrs. mos. ds. How long in U.S. if of foreign birth?

2. FULL NAME: Stella Jane Montgomery
   (a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

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

SAID HUSBAND OR WIFE OF

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

7. AGE: Years: 19
   Months: 0
   Days: 0
   If LESS than 1 year, state in months.

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 end

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

12. BIRTHPLACE (city or town): Charles Co, MD
    (State or country)

13. NAME: Russell Montgomery

MOTHER

14. BIRTHPLACE (city or town): Charles Co, MD
    (State or country)

15. MAIDEN NAME: Evelyn Vanston

16. BIRTHPLACE (city or town): Charles Co, MD
    (State or country)

17. INFORMANT (Address): Ida. Preston, Ellicott City, MD

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Hope, Date: Sept 18, 1934

19. UNDERTAKER: Russell Montgomery
    (Address)

20. FILED: Sept 18, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Sept 17, 1934

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

23. I last saw deceased alive on 19, 1934, death is said to have occurred on the date stated above, et. B. P. m.

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

PREMATURITY

Other Contributory Causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

24. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide? Date of Injury, 19.
   Where did injury occur? (Specify city or town, county and state)
   Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of Injury:

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

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

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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 term “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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### Example I

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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Oct 5, 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

### Example II

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

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

Other contributory causes of importance:

- Gallstones May 1, 1923
- Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH

County: Charles
Village or City: McKenlie, Md.

2. FULL NAME

(a) Residence: No.

3. SEX

Male

4. COLOR OR RACE

White

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

Married

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

Feb. 13, 1897

7. AGE

Years: 67
Months: 7
Days: 1

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

Salesman

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)

New York

13. NAME

Simon H. Newcomb

14. BIRTHPLACE (city or town)

New York

15. MAIDEN NAME

Mary Francis Caplin

16. BIRTHPLACE (city or town)

New York

17. INFORMANT (Address)

Mona Newcomb

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Thomas
Date: Sept. 10, 1934

19. UNDERTAKER (Address)

Huntz & Rolfe

20. FILED

Sept. 21, 1934

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Oct 6, 1924</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | Gastroenteritis |
| May 1, 1926 | 1 year |

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

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

2. FULL NAME
   (a) Residence: No. 663, Hoffmeister Road
      Ward.
      Residence, (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Colored

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

6. DATE OF BIRTH (month, day, and year)
   May 29, 1868

7. AGE
   66 years

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Charles Co.

13. NAME
   Malvina Mahony

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

15. MAIDEN NAME
   Dorothea Mahoney

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

17. INFORMANT
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Pocomoke, Md.
   Date: Oct. 23, 1934

19. UNDERTAKER
   (Address)

20. FILED
   Oct. 3, 1934

REGISTRATION DIST. NO. 106

M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>Date of onset: 3 days ago</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
Reg. Dist. No. 101

St: Ward

Place of Death: Charles

Village or City: Rinkley

Full Name: John Smallwood

Personal and Statistical Particulars

Sex: Male
Color or Race: Old
Married

Date of Birth: Yashamu

Age: 66 yrs. mos. da.

Occupation: Laborer

Birthplace: Charles Co., Md.

Name of Father: Matthew Smallwood

Birthplace of Father: Charles Co., Md.

Maiden Name of Mother: Mary Proctor

Birthplace of Mother: Charles Co., Md.

Length of Residence: At place of death yrs. mos. da.

Place of Burial or Removal: Olneyman, Md.

Date of Burial: Sept. 8, 1934

Medical Certificate of Death

Date of Death: Sept. 6, 1934

I hereby certify, that I attended the deceased from

that I last saw h alive on

and that death occurred on the date stated above, at

The Cause of Death was as follows: Automobile Accident

Contributory Secondary

Justice of the Peace

(Signed) Dr. B. Birnka, M.D.

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

Length of Residence (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. da.

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

Former or usual residence.

Place of Burial or Removal

Date of Burial

 Filed, Sept. 7, 1934, Mary Stanley, Registrar.
American Medical Association

The Department of Health of the United States Public Health Service, through its Health Education Service, is providing this information to assist health profession personnel in explaining the meaning of this certificate to the public and to other health professionals.

This certificate is used to record the cause of death for statistical purposes and to provide information for medical research. It is also used by insurance companies and other agencies for various purposes.

The certificate contains the following information:

1. The name of the deceased.
2. The date of birth of the deceased.
3. The date of death of the deceased.
4. The cause of death.
5. The place of death.
6. The occupation of the deceased.
7. The age of the deceased at the time of death.
8. The sex of the deceased.
9. The race of the deceased.
10. The relationship of the deceased to the informant.
11. The signature of the person completing the certificate.

The certificate is divided into two parts: the front part contains the basic identification information, while the back part provides additional information such as the time and place of death, the cause of death, and the occupation of the deceased.

The certificate is an important document that provides vital information for various purposes, including medical research, public health, and the insurance industry.
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Charles
   - Village or City: Indian Head
   - Registration Dist. No.: 106
   - Length of residence in city or town where death occurred: Yes

2. **FULL NAME**
   - Buelah V. Speak

### PERSONAL AND STATISTICAL PARTICULARS

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

6. **DATE OF BIRTH**
   - June 9, 1869

7. **AGE**
   - Years: 65
   - Months: 3
   - Days: 13
   - If less than 1 day: No

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

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

10. **Date deceased last worked at this occupation**
    - June 9, 1869

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

12. **BIRTHPLACE**
    - City or town: Charles Co., Ind.

13. **NAME**
    - Frederick Speak

14. **BIRTHPLACE**
    - City or town: Charles Co., Ind.

15. **MAIDEN NAME**
    - Mary V. Gilroy

16. **BIRTHPLACE**
    - City or town: Charles Co., Ind.

17. **INFORMANT**
    - Name: J. Speak
    - Address: Indian Head Ind.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Indian Head, Ind.
    - Date: June 9, 1869

19. **UNDERTAKER**
    - J. Speak
    - Address: Indian Head, Ind.

20. **FILED**
    - Sept. 30, 1871

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Sep., 9, 1869

22. **I HEREBY CERTIFY**
    - That I attended deceased from Sep., 19, 1869, to Sep., 9, 1869.

23. **The principal cause of death**
    - Chronic Cardiac Disease

24. **Other Contributory Causes of Importance**

### VITAL STATISTICS

- Name of operation: None
- Date of operation: None
- Where test confirmed diagnosis? None
- Was there an autopsy? None

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

   - Accident, suicide, or homicide: None
   - Date of Injury: None
   - Where did injury occur? None
   - Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE: None

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

27. **If so, specify**
    - (Signed) George B. Richardson
    - (Address) Newburg, Ind.

If more blanks are needed, address State Registrar, 2413 N. Charles Street, Baltimore, Requesting U. S. No. 6.
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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   - County: Charles
   - Village or City: Faulkner

2. FULL NAME
   - (a) Residence: No. Faulkner

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): 9-17-34
7. AGE: 59 months, 0 days

8. Trade, profession, or particular kind of work done: Railroad Engineer
9. Industry or business in which work was done: Railroad
10. Date deceased last worked at this occupation: 9-15-1934
11. Total time (years) spent in this occupation: 1 year

12. BIRTHPLACE (city or town): Ind.
13. NAME: Frank Sennett
14. BIRTHPLACE (city or town): Ind.
15. MAIDEN NAME: Hartman
16. BIRTHPLACE (city or town): Ind.

17. INFORMANT: Frank Sennett
18. BURIAL, CREMATION, OR REMOVAL: St. Hyacinth Church, Date: 9-15-1934
19. UNDERTAKER: Frank Sennett


21. DATE OF DEATH: 9-17-1934

I last saw him alive on 9-18-1934; death is said to have occurred on the date stated above, at 10 p.m.
The PRINCIPAL CAUSE OF DEATH was as follows:

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: 9-18-1934
   - Where did injury occur?: (Specify city or town, county and State)
   - Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE:

   Manner of injury: Nature of Injury:

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

   (Signed) F. H. Heagy
   (Address) M. D.

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<td><em>RECEIVED</em></td>
<td><em>3 days ago</em></td>
</tr>
<tr>
<td><em>BUREAU V.S.</em></td>
<td></td>
</tr>
<tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Chas.
   - Village or City: Hughesville
   - Registration Dist. No.: 108
   - If death occurred in a hospital or institution, give its NAME, instead of street and number:
   - Length of residence in city or town where death occurred: yrs. mos. ds.

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

<table>
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</thead>
<tbody>
<tr>
<td>3. SEX</td>
</tr>
<tr>
<td>Fé</td>
</tr>
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</table>

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

6. **DATE OF BIRTH** (month, day, and year)
   - 9/8/34

7. **AGE** (Years | Months | Days | If LESS than 1 day, _______ hrs. or _______ min.)
   - Still Born

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

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

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

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

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

13. **NAME**
   - Edward Walker

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

15. **MAIDEN NAME**
   - Day Pool

16. **BIRTHPLACE** (city or town)
   - Ches Co.
   - (State or country):

17. **INFORMANT**
   - Ida Plater
   - (Address): Mule Mt.

18. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Hughesville
   - Date: 9/8/34

19. **UNDERTAKER**
   - M. D.
   - (Address): M.

20. **FILED**
   - 9/8/34

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - 9/8/34
   - (Month) 9 (Day) 8 (Year) 1934

22. **I HEREBY CERTIFY**
   - That I attended deceased from
   - Sept. 8, 1934, to Sept. 8, 1934
   - I last saw him/her alive on
   - Sept. 8, 1934
   - Death is said to have occurred on the date stated above, at
   - A.M.
   - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   - Still Born

**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.

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

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Oct 6, 1924</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

<table>
<thead>
<tr>
<th>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>
<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