STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Joppa, Md

2. FULL NAME: Carl August Anderson
   Residence: No.
   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: Widowed

6. DATE OF BIRTH: May 20, 1850
7. AGE: 84
   Years: 6
   Months: 2

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

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

10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town): Örland, Sweden
    (State or country)

13. NAME: Unknown

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

15. MAIDEN NAME: Unknown

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

17. INFORMANT:
   Name: Aaron A. Anderson
   Address: Joppa, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Joppa, Luth.
   Date: Nov. 25, 1934

19. UNDERTAKER:
   Name: H. K. McComas
   Address: Abington, Md.

20. FILED: Nov. 24, 1934

21. DATE OF DEATH: November 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    See statement on reverse side.

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?
    Date of Injury: 19

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify
    (Signed): Fred O. Hodas
    (Address): Edgewood, Md.

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<td>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, 1928</td>
</tr>
<tr>
<td></td>
<td></td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

During last illness, pt was attended by Dr. Charles Roth, Edgewood, but sudden illness of latter prevented his seeing pt at deathbed. Dr. Roth called several hours later to pronounce pt dead. I have, however, written cause of death these facts were available at time of death for some days he had seen some weakness had taken to bed with cough but nothing gradually becoming weaker and dying.

J. J. H.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Magnolia
   No. St., Ward
   Length of residence in city or town where death occurred: 40 yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND OF: Mary A. Brady
   If married, widowed, or divorced
   DATE OF MARRIAGE: Dec. 1, 1865
   OCCUPATION: Railroad—Freeman
   Industy or business in which work was done: Railroad—Freeman
   Date deceased last worked: Dec. 1934
   Total time (years) spent in this occupation: 40

6. DATE OF BIRTH (month, day, and year): Dec. 1, 1865
7. AGE: 68 yrs. 11 mos. 28 days
   If LESS than 1 day, hours, minutes.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: Nov. 28, 1934
   (Month) (Day) (Year)
   I HEREBY CERTIFY: That I attended deceased from
   10-11, 1934, to 11-28, 1934
   I last saw him alive on 11-27, 1934; death is said
to have occurred on the date stated above, at 1 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Bronchitis (at)
   Bronchial pneumonia (at)
   Other Contributory Causes of importance:
   Arterial sclerotic heart disease

OTHER CAUSE OF DEATH:
   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):...

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

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   Registration Dist. No. 185
   (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: Giovanni Brookes
   (a) Residence: No.
   (Usual place of abode)

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

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

   7. AGE: 44 years 29 days

   8. OCCUPATION:

   9. OCCUPATION:

   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): Alonga, Italy

   13. NAME: Giovanni Brookes

   14. BIRTHPLACE (city or town): Alonga, Italy

   15. MAIDEN NAME: unnamed

   16. BIRTHPLACE (city or town): Alonga, Italy

   17. INFORMANT:

   18. BURIAL, CREMATION, OR REMOVAL:

   19. UNDERTAKER:

   20. FILED:

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

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

   23. Accidental cause of death:

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

   25. Other Contributory Causes of Importance:

   26. Name of operation:

   27. Date of:

   28. What test confirmed diagnosis:

   29. Was there an autopsy:

   30. Where did injury occur:

   31. Route:

   32. Manner of Injury:

   33. Nature of injury:

   34. Was disease or injury in any way related to occupation of deceased:

   35. If so, specify:

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Gallstones</td>
<td>May 1, 1923</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**

- County: Harford
- Village or City: Abingdon
- No. Hospital: (if death occurred in a hospital or institution, give its name instead of street and number)

2. **FULL NAME**

- Mary M. Callahan

3. **SEX**

- Female

4. **COLOR OR RACE**

- White

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

- Widowed

6. **DATE OF DEATH**

- Dec. 22, 1937

7. **AGE**

- 54 yrs. 10 mos.

8. **OCCUPATION**

- Housewife

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

- Dec. 1937

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

- 16 yrs.

11. **BIRTHPLACE (CITY OR TOWN)**

- Magnolia, Harford

12. **MOTHER FATHER**

- Jacob Bodanis
- Germany

13. **MAIDEN NAME**

- Unkonwn

14. **BIRTHPLACE (CITY OR TOWN)**

- Germany

15. **INFORMANT**

- Mrs. Josephine Wilson

16. **BURIAL, CREMATION, OR REMOVAL**

- Place: St. John's Church, Date: Dec. 1937

17. **UNDERTAKER**

- Henry Harrington

18. **FILED**

- Nov. 22, 1937

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 2.
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND--CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Bel Air
   Registration Dist. No.: 182
   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.__________________________
   Name: John E. Carter
   St., Ward__________________________
   (Usual place of abode)
   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 (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) Aug. 20, 1866
   7. AGE Years 68 Months 0 Days 11 If LESS than 1 day, ______ hrs., ______ min.

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

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
    (State or country) NY

13. NAME B. J. Carter

14. BIRTHPLACE (city or town) New York
    (State or country) NY

15. MAIDEN NAME
    (If any)

16. BIRTHPLACE (city or town) New York
    (State or country) NY

17. INFORMANT
    (Address) John J. Carter

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

19. UNDERTAKER
    (Address) "Sam and Son, Inc.

20. FILED Nov. 6, 1934 T. E. Chambers
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 5, 1934
    (Month) ________________ (Day) ________________ (Year) ________________

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1934 to Nov. 5, 1934.
    I last saw him alive on Nov. 5, 1934.
    Death is said to have occurred on the date stated above, at 11:00 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Coronary thrombosis
    Date of onset Oct. 25, 1934

    Other Contributory Causes of importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide? No
    Date of injury: 1934
    Where did injury occur? Baltimore
    (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) Willard P. Hudson M. D.
    (Address) Forest Hill, Md.

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<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, 1925 |

Example II

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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
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</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... Harford
   Village or City... Tuggeron Point
   Length of residence in city or town where death occurred... yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   4. COLOR OR RACE
   White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single
   6. DATE OF BIRTH
   March 25, 1916
   7. AGE
   Years... 65
   Months... 9
   Days... 0
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc...
   Farm Laborer
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...
   Farm Laborer
   10. Date deceased last worked at this occupation
   March 25, 1934
   11. Total time (years) spent in this occupation...

OCCUPATION

12. BIRTHPLACE (city or town)
   St. Louis, Mo.
   13. NAME
   Benito Craft
   14. BIRTHPLACE (city or town)
   (State or country)
   Mo.
   15. MAIDEN NAME
   Marie Halbrook
   16. BIRTHPLACE (city or town)
   (State or country)

REFERENCES

17. INFORMANT
   Benito Craft, M.
   Address... Tuggeron Point
   18. BURIAL, CREMATION, OR REMOVAL
   Place... Evergreen, Mo.
   Date... May 1, 1934
   19. UNDERTAKER
   H. P. Worthington
   Address... Delta, Ia.
   20. FILED
   Nov. 14, 1934
   J. McNabb
   Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   May 1, 1934
   (Month) (Day) (Year)
   22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934, to Oct. 31, 1934.
   I last saw deceased alive on Oct. 31, 1934; death is said to have occurred on the date stated above, at 6 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Chorea Infection

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   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) Charles P. Barnes
   M. D.
   (Address)
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>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>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

<table>
<thead>
<tr>
<th>Example II</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>Gastroenteritis</td>
<td>1 year</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County | Harford
Village or City | Mt. Hope de Grace
Registration Dist. No. | 181
No. | St. | Ward
Length of residence in city or town where death occurred | yrs. | mos. | ds.

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

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | Female |
| 4. COLOR OR RACE | White |
| 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | Married |
| 6. DATE OF BIRTH | Sept. 21, 1867 |
| 7. AGE | 25 |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Housework |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (month and year) | |
| 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) | Harford |
| 13. NAME | James Crow |
| 14. BIRTHPLACE (city or town) | Ireland |
| 15. MAIDEN NAME | Delia Callan |
| 16. BIRTHPLACE (city or town) | Ireland |
| 17. INFORMANT | John Crow |
| 18. BURIAL, CREMATION, OR REMOVAL | Nov. 19, 1937 |
| 19. UNDERTAKER | Benjamin Crow |
| 20. FILED | Nov. 19, 1937 |

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

22. I HEREBY CERTIFY that I attended deceased from June 37, 1937, to Nov. 16, 1934. I last saw him alive on Nov. 19, 1934; death is said to have occurred on the date stated above at 8:12 a.m.

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

Cancerous
Cystitis

Other Contributory Causes of importance:
Cachexia

Name of operation.
Osteotomy

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 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 deceasead?
If so, specify
(Signed) Charles E. Black, 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

<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:

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

Example II

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

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   No. 464 Alliance
   Registration Dist. No. 185
   Length of residence in city or town where death occurred: 56 yrs. 9 mos. 0 ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Ward: 

2. FULL NAME:
   (a) Residence: No. 464 Alliance
   St., Ward. 
   If nonresident give city or town and State

   Personal and statistical particulars

3. SEX: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
   If married, widowed, or divorced:
   Husband of: Mitchell Crofton
   Wife of: 

6. DATE OF BIRTH (month, day, and year): Feb. 9, 1878
7. AGE: Years: 56
   Months: 9
   Days: 0
   If less than 1 day, hours, or minutes:

8. OCCUPATION: Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   Nonapplicable
10. Date deceased last worked at this occupation: Oct. 30
    Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (city or town): Havre de Grace
    (State or country): Md.

13. NAME: Edward Leager
    Father: 

14. BIRTHPLACE (city or town): Havre de Grace
    (State or country): Md.

15. MAIDEN NAME: Mary Allen
16. BIRTHPLACE (city or town): Havre de Grace
    (State or country): Md.

17. INFORMANT: Mitchell Crofton
    Address: Havre de Grace, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: St. James Church, Havre de Grace, Md.
    Date: Nov. 12, 1934

19. UNDERTAKER: H. M. L. pick of Mitchell
    Address: Havre de Grace, Md.

20. FILED: Nov. 12, 1934

Medical certificate of death

21. DATE OF DEATH: Nov. 9, 1934
22. I HEREBY CERTIFY, That I attended deceased from
   Jan. 10, 1934, to Nov. 9, 1934, and I last saw him or her alive on Nov. 8, 1934, death having occurred on the date stated above, at 12:30 a.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, suicide, or homicide?
   Date of injury:
   Where did injury occur?
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   Manner of injury:
   Nature of injury:
   If so, specify:
   (Signed)
   Address:

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

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

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

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

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

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

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

**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 |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Edgewood  Harford County  Registration Dist. No. / 80
   Village or City:  
   Length of residence in city or town where death occurred: yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX  M  W
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   W
   5a. If married, widowed, or divorced
   HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (month, day, and year)
   11/7/34
7. AGE
   Years:  
   Months:  
   Days:  
   If LESS than 1 day, (hours or) min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   - Infant
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): Edgewood  (State or country)
13. NAME: Edward E. Dolan
14. BIRTHPLACE (city or town): Maryland  (State or country)
15. MAIDEN NAME: Eleanor Dolan
16. BIRTHPLACE (city or town): Maryland  (State or country)
17. INFORMANT: Edward E. Dolan
   Address: Edgewood
18. BURIAL, CREMATION, OR REMOVAL
   Place: Int. Comm. Date: Nov 9, 1934
19. UNDERTAKER: Howard W. Henlon
   Address: Edgewood
20. FILED: Nov 9, 1934  Frank Morh.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
   Nov 7, 1934, to Nov 9, 1934
   I last saw him alive on Edgewood, 1934; death is said
   to have occurred on the date stated above, at 2 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:

   Other Contributory Causes of importance:

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

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

   Manner of injury:
   Nature of injury:

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

for authorization to change mother’s name see letter filed under

Dr. Sanders 1/15/35
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford Co.
   Village or City: Bel Air, Md.
   Length of residence in city or town where death occurred: 40 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs 0 mos. 0 ds.

   Registration Dist. No. 182

2. FULL NAME
   Sex: Female
   Race: White
   Single, Married, Widowed, or Divorced: Single
   Residence: No.
   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
   Single

6. DATE OF BIRTH (month, day, and year)
   January 3, 1864

7. AGE
   Years: 70
   Months: 0
   Days: 0
   If less than 1 day, hours, or minutes:

   Occupation: Dressmaker

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

9. Industry or business in which work was done, as MILK 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)
   Sexfordville
   (State or country)

13. NAME
   Susan M. Esley

14. BIRTHPLACE (city or town)
   New York, N.Y.
   (State or country)

15. MAIDEN NAME
   Frances L. Harwood

16. BIRTHPLACE (city or town)
   Harford Co., Md.
   (State or country)

17. INFORMANT
   Milliron Esley
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Holy Trinity
   Date: May 4, 1934

19. UNDERTAKER
   Dean & Son
   (Address)

20. FILED
   November 3, 1934
   M. N. Richardson
   Registrar

21. DATE OF DEATH
   Month: 0
   Day: 1
   Year: 1934

22. HEREBY CERTIFY. That I attended deceased from
   Oct. 1, 1934, to Nov. 1, 1934.

   I last saw him alive on Oct. 1, 1934; death is said to have occurred on the date stated above, at 8 p.m.

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

   Other Contributory Causes of Importance:

   Date of onset:

   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:

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

   If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 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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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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**Example I**

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

**Other contributory causes of importance:**

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

**Example II**

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Fort Hoyle, Maryland
   Length of residence in city or town where death occurred: 0 yrs, 0 mos, 0 ds

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

PERSONAL AND STATISTICAL PARTICULARS

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   November 16, 193
   (Month) 193
   (Day) 4
   (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___ to ___ on ___
    found dead on ___ ; death is said to have occurred on the date stated above, at ___.

23. I HEREBY CERTIFY, That I attended deceased from ___ to ___ on ___
    found dead on ___ ; death is said to have occurred on the date stated above, at ___.

24. I HEREBY CERTIFY, That I attended deceased from ___ to ___ on ___
    found dead 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:

1. Cerebral concussion
   11/16/34

2. Fracture 6th cervical vertebra
   11/16/34

Other Contributory Causes of importance:

3. Fracture, 3, 4, 5, 6, & 8th ribs left
   11/16/34

4. Fracture, double, comminuted, left
   11/16/34

5. Multiple abrasions
   11/16/34

What test confirmed diagnosis? Autopsy
Was there an autopsy? Yes

25. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Accident
   Location: Highway F. Hoyle, Md.
   Where did injury occur? Highway F. Hoyle, Md.
   Specify whether injury occurred IN INDUSTRY, IN HOME, or IN PUBLIC PLACE.

   Public Place

   Manner of injury: Hit by unknown car

   Nature of injury: Same as above

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

If so, specify: None

(Signed) James M. Miller, Mayor, M. C. M. D.

Address: Edgewood Arsenal, Md.

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

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

To be complete, an occupation return must state:

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

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

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<td>Arteriosclerosis</td>
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<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Aberdeen, Md.
   No. St., Ward:
   Length of residence in city or town where death occurred: 15 yrs., mos.
   How long in U.S. if of foreign birth?: yrs., mos.

2. FULL NAME
   (a) Residence: No.
   Aberdeen, Md.
   (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 (write the word)
   Married

6. DATE OF BIRTH (month, day, and year)
   Dec. 11, 1861

7. AGE
   Years: 72
   Months: 11
   Days: 25
   If LESS than 1 day: hrs.
   or min.

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

9. Industry or business in which work was done: Own Home

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

11. Total time (years) spent in this occupation: 50 yrs.

12. BIRTHPLACE (city or town)
   Chestnut Hill
   (State or country)
   Maryland

13. NAME
   William Lockard

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

15. MAIDEN NAME
   Mary Bull

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

17. INFORMANT
   Grace A. Wright
   Address: Aberdeen, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Rock Spring
   Date: Nov. 9, 1934

19. UNDERTAKER
   Henry Tarrant
   Address: Aberdeen, Md.

20. FILED
   Nov. 9, 1934
   Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from
   Aug. 20, 1934, to Nov. 6, 1934,
   to have occurred on the date stated above, at 4:30 p.m.

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

   Other Contributory Causes of Importance:
   Tuberculosis

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide:
   Date of Injury:
   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 disasas 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, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
<td>Other contributory causes of importance</td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallostones

Gastroenteritis

1 year

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   Length of residence in city or town where death occurred: 10 yrs. mos. ds.
   Registration Dist. No. 185

2. FULL NAME
   (a) Residence: No. 421 York Ave
   Personal and Statistical Particulars

3. SEX: Male
4. COLOR OR RACE: White
5a. If married, widowed, or divorced
    HUSBAND or WIFE of: Florence Addae Hubbard
6. DATE OF BIRTH (month, day, and year): May 8, 1870
7. AGE: 64 yrs. 5 mos. 12 days
8. Trade, profession, or particular kind of work done: Hotel Havre de Grace
9. Industry or business in which work was done: Colonial
10. Date deceased last worked at this occupation: May 8, 1870
11. Total time (years) spent in this occupation:

21. DATE OF DEATH: Nov 20, 1934
22. I HEREBY CERTIFY: That I attended deceased from May 8, 1870 to Nov 20, 1934
   I last saw deceased alive on: Dec 20, 19...
   Death is said to have occurred on the date stated above, at 8:30 a.m.
   The principle cause of death and related causes of importance were as follows:
   Acute Malaria

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

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

[Signature]

[Date]: 1/9/25.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   No. 1 Hospital
   Village or City: Havre de Grace
   (If death occurred in a hospital or institution, give its name instead of street and number)
   Length of residence in city or township where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME
   (a) Residence: N.
   (Qual of place of abode)
   Ward.

   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
   HUSBAND of
   Mrs. Florence Johnson

6. DATE OF BIRTH (month, day, and year)
   June 6, 1893

7. AGE
   Years: 42
   Months: 5
   Days: 2

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   William Johnson

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

15. MAIDEN NAME
   Martha Stevins

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

17. INFORMANT
   Mrs. Shirley Johnson, MD.
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Harmony Church
   Date: Nov. 10, 1934

19. UNDERTAKER
   H. J. Bailey
   (Address)

20. FILED
   No. 1, 1934
   Charles J. Bailey
   Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Nov. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934, to Nov. 8, 1934, at 6:35 p.m., and that death was said to have occurred on the date stated above, at 6:35 p.m.

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

Other Contributory Causes of Importance:

Date of onset

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

   Manner of injury
   Nature of injury

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

   (Signed)
   M. D.

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</table>

Other contributory causes of importance:

| Gallstones                                    | Other contributory causes of importance:      |
| May 1, 1925                                   | Gastroenteritis                                |
|                                               | 1 year                                         |

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

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: High Point
   - Length of residence in city or town where death occurred: 94 yrs. 10 mos. 18 days

2. **FULL NAME**
   - Benjamin Frankel Kell
   - Sex: Male
   - Color or Race: Col.
   - Single, Married, Widowed, or Divorced: Married
   - Place of residence: High Point

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Date of Birth: Dec 25, 1841
   - Age: 93 yrs. 10 mos. 18 days
   - Date of Death: Oct 13, 1934

4. **OCCUPATION**
   - Occupation: Jailer

5. **DATE OF DEATH**
   - Oct 13, 1934

6. **CAUSE OF DEATH**
   - Gangrene of Foot

7. **OTHER CONTRIBUTORY CAUSES OF DEATH**
   - Arteriosclerosis

8. **BIRTHPLACE**
   - Birthplace: Kentford Co. MD

9. **BIRTHPLACE OF MOTHER**
   - Birthplace of Mother: Kentford Co. MD

10. **MOTHER'S NAME**
    - Maria Kell

11. **DATE OF BIRTH OF MOTHER**
    - Dec 25, 1841

12. **DATE OF DEATH OF MOTHER**
    - Oct 13, 1934

13. **BIRTHPLACE OF FATHER**
    - Birthplace of Father: Kentford Co. MD

14. **DATE OF DEATH OF FATHER**
    - Oct 13, 1934

15. **SPECIAL INFORMATION**
    - Date of Infection: 

16. **INFORMANT**
    - Informant: Amanda Kell
    - Address: Court Street

17. **BONE CASKET, CREMATION, OR REMOVAL**
    - Location: Forestry Cam, Date: 1934

18. **UNDERTAKER**
    - Undertaker: Charles D. Agate, Forest Hill, MD

19. **FILED**
    - Filed: Nov 15, 1934

20. **REGISTRAR**
    - Registrar: Wm. W. Halsey, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Harford

Village or City: Edgewood

(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., 0 mos., 0 ds.

2. FULL NAME

George William Litigere

(a) Residence: No.

(usual place of abode)

(Registration Dist. No. 120)

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

5a. If married, widowed, or divorced

HUSBAND of

WIFE of

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

Feb 22, 1914

7. AGE

20 yrs., 8 mos., 11 ds.

8. TRADE, PROFESSION, OR BUSINESS

MC

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

Sawmill

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

1934

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

5 yrs.

12. BIRTHPLACE (city or town)

Maryland

13. NAME

George William Litigere

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

Maryland

15. MAIDEN NAME

Sarah Viv. Hardy

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

Maryland

17. INFORMANT (Address)

George W. Litigere

18. BURIAL, CREMATION, OR REMOVAL

Abingdon Cem., Nov 9, 1934

19. UNDERTAKER

Howard K. McComas, Abingdon, Md.

20. FILED

Abingdon, Md.

21. DATE OF DEATH

Nov 6, 1934

I HEREBY CERTIFY that I attended deceased from

19 hrs., 19 to

19 hrs., 19 to

to have occurred on the date stated above, at

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

Fractured Skull

22. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

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

Accident, Suicide, or Homicide

Date of Injury

1934

Where did injury occur?

Edgewood, Md.

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

Cut Place

Manner of injury

1934

Nature of injury

Fractured Skull

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

If so, specify

(Signed)

THORNBURG

Address

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

To be complete, an occupation return must state:

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

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

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<td>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>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<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: Washington
   Village or City: Baltimore
   Length of residence in city or town where death occurred: 1 yrs., 6 mos., 3 ds.

2. FULL NAME
   (a) Residence: No.
   (b) Occupation: Barber
   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 (circle the word):
   HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 14, 1928
7. AGE: 9 yrs., 6 mos., 21 days
   If less than 1 day, hrs., or mins.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Barber
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Barber Shop
10. Date deceased last worked at this occupation (month and year): July 14, 1928

11. Total time (years) spent in this occupation: 5 yrs., 6 mos., 21 days

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

13. NAME: William McCallister
14. BIRTHPLACE (city or town): Washington, D.C.
   (State or country): District of Columbia

15. MAIDEN NAME: Bessie Black

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

17. INFORMANT (Address): William McCallister, 2412 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL: Buried
   Place: Lafayette Park
   Date: July 14, 1928

19. UNDERTAKER (Address): James M. Webb

20. FILED: July 14, 1928

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: November 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1934, to Nov. 2, 1934, and have caused an examination of the body to be made, and that the principal cause of death was Cardiac Insufficiency. Date of onset: November 1, 1934

Other Contributory Causes of Importance:
   Measles: Date: Oct. 28, 1934

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: No
   If so, specify: 

Registrator: 
(Signed) C. S. Williams, M.D.
(Address) Cardiff, Md.

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

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

To be complete, an occupation return must state:

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   Hospital: (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Registration Dist. No.: 100
   No.: Hospital 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
   William J. McDonald
   (a) Residence: No. Perryman, MD. St., Ward. Outside If nonresident give city or town and State
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
   Male
4. COLOR OR RACE
   W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   Married
5a. If married, widowed, or divorced
   HUSBAND of (or wife of)
   Margaret McDonald
6. DATE OF BIRTH (month, day, and year)
   April 13, 1855
7. AGE
   Years: 79
   Months: 6
   Days: 20
   If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   Laborer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Dato deceased last worked at this occupation (month end year)

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

21. DATE OF DEATH
   Nov. 3, 1934

22. I HEREBY CERTIFY. That I attended deceased from Oct. 27, 1934, to Nov. 3, 1934; death is said to have occurred on the date stated above, et 10 30 A.M.
   I last saw him alive on Nov. 3, 1934.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Cardiac Decompensation (Probable Carcinoma Jonson)
   Other Contributory Causes of importance:

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

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

- County: Stafford
- Village or City: Zelon
- Length of residence in city or town where death occurred: 30 yrs. mos. ds.

**2. FULL NAME**

- Full Name: Garrett Morgan

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | Male |
| 4. COLOR OR RACE | Colored |
| 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED | Widower |

**6. DATE OF BIRTH**

- Date of Birth: Dec. 20, 1840

**7. AGE**

- Years: 94
- Months: 11
- Days: 3

**11. Occupation**

- Farm

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

- 10 Arlington, Md.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH**

- Date of Death: 3rd, 1934

**22. I HEREBY CERTIFY**

- That I attended deceased from Jan. 13th, 1934, to Aug. 23rd, 1934.
- Last saw h. alive on Aug. 23rd, 1934.
- Death is said to have occurred on the date stated above, at 5:30 p.m.

**23. PRINCIPAL CAUSE OF DEATH**

- Heart Disease

**24. Other Contributory Causes of Importance**

- Cerebral Thrombosis

**17. INFORMANT**

- Emily Miller, Address: 610 Musgrove St. M'd.

**18. BURIAL, CREMATION, OR REMOVAL**

- Place: Grun Spring, Date: Nov. 27, 1934

**19. UNDERTAKER**

- Bailey, Address: Washington M'd.

**20. FILED**

- Date: Nov. 25, 1934

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<td>Date of onset: 1916</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td></td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</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: Harford
   - Village or City: niece Jancsville
   - Registration Dist. No.: 183
   - St., Ward: 
   - Length of residence in city or town where death occurred: yrs. 1 mos. 19 ds.

2. **FULL NAME:**
   - (a) Residence: No. White Hall Mill, St., Ward.
   - If nonresident give city or town and state

   **PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX:** Female
4. **COLOR OR RACE:** White
5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED:** Widow
   - HUSBAND or (or) WIFE of: Nicholas Wilson

6. **DATE OF BIRTH**
   - (month, day, and year): Feb 11, 1865

7. **AGE:**
   - Years: 69
   - Months: 9
   - Days: 20

8. **OCCUPATION:** House Wife
9. **Trade, profession, or particular kind of work done, as SPINNER, Sawyer, Bookkeeper, etc.**
10. **Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:**

11. **DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR):**

12. **BIRTHPLACE (city or town):** Black Horse turf and Mill (State or country)

13. **NAME:** Joshua G. Buckley
14. **BIRTHPLACE (city or town):** Black Horse (State or country)
15. **MAIDEN NAME:** Mary Susan Stytle
16. **BIRTHPLACE (city or town):** Black Horse (State or country)
17. **INFORMANT:** Mrs. Charles Kenby
   - Relationship: White Hall Mill

18. **BURIAL, CREMATION, OR REMOVAL**
   - Place: ?
   - Date: Nov 3, 1894

19. **UNDOCKER:** J. A. Jones
    - Address: Janesville Mill

20. **FILED:** Nov 3, 1934

   **MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - (Month): Nov
   - (Day): 1
   - (Year): 1934

22. **I HEREBY CERTIFY.**
   - That I attended deceased from Oct 1, 1934, to Oct 31, 1934.

23. **DATE OF INJURY:** 1934
   - Manner of Injury: none
   - Nature of Injury: none

24. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:**
   - Hypertension

**Other Contributory Causes of Importance:**

**Name of operation:** none

**What test confirmed diagnosis:** Clinical

**Date of:**

**Was there any opyay:** no

25. **IF DEATH DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:**
   - Accident, suicide, or homicide: no
   - Date of Injury: 19
   - Where did injury occur?: ?
   - Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   - Manner of injury: none
   - Nature of injury: none

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

**Spared In:**

**Address:** Janesville Mill

**M. O.:**

**SIGNED:** H. F. Bradley

**ADDRESS:** Janesville Mill

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Harford Co.
   Village or City: Harford Co. ult. House
   Length of residence in city or town where death occurred: 8 yrs. 8 mos. 9 ds.

2. FULL NAME
   Mark Henry Norris
   Residence: No. 11400
   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)
   Dec. 28, 1879

7. AGE
   Years: 57
   Months: 12
   Days: 28
   Date of death: Nov. 7, 1934

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

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

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)
   Maryland

13. NAME
   Mark Henry Norris

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

15. MAIDEN NAME
   Norris Schade

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

17. INFORMANT
   (Address)
   Ruth Hart, Harford Co., House

18. BURIAL, CREMATION, OR REMOVAL
   Old Brick cem. Date: Dec. 9, 1934

19. UNDERLAYER
   (Address)
   Harford Co., House

20. FILED
   Nov. 7, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1934, to Nov. 9, 1934, I last saw him alive on Nov. 9, 1934; death is said to have occurred on the date stated above, at

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Ch. Myocardial Disease
   Date of onset: 1928

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of Injury: 1934
   Where did injury occur?
   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
   (Address)
   (Signed) 1934
   Forest Hill Md

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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 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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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Harford
Village or City: Fort Hoyle, Md.
Registration Dist. No. 120
No. St. Ward
Length of residence in city or town where death occurred: 0 yrs. 0 mos. 5 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: Patrick B. O'Connor

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

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

6. DATE OF BIRTH (month, day, and year): August 17, 1865
7. AGE: 69 yrs. 2 mos. 21 days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Fireman
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Retired District Fire Department
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): 1840
11. TOTAL TIME SPENT IN THIS OCCUPATION (YEARS AND MONTHS): 29 yrs. 6 mos.

12. BIRTHPLACE (CITY OR TOWN): Washington, D.C.
13. NAME: Patrick O'Connor

14. BIRTHPLACE (CITY OR TOWN): Ireland
15. MAIDEN NAME: Katherine Sheehan

16. BIRTHPLACE (CITY OR TOWN): Ireland
17. INFORMANT: R.C. O'Connor

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER: Howard K. McComas, Abingdon, Md.

20. FILED: No. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: November 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4th, 1934, to Nov. 8th, 1934.

I saw him alive on Nov. 8th, 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 are as follows:

Pneumonia, bronchitis, bilateral.

Date of onset: 11/4/34

Other Contributory Causes of Importance:

Name of operation: None

What test confirmed diagnosis? Examination. Was there an autopsy? No

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

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

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

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

Manner of injury
Nature of injury

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

If so, specify

(Signed) Henry F. Phillips, M.D.

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

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

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

| 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: Harford
   - Village or City: Castleton
   - Registration Dist. No.: 184

2. **Full Name**
   - Robert T. Orr

3. **Sex**
   - Male

4. **Race**
   - White

5. **Marital Status**
   - Married

6. **Date of Birth**
   - Dec. 7, 1858

7. **Age**
   - Years: 50
   - Months: 11
   - Days: 19

8. **Occuaption**
   - Laborer

9. **Date Deceased Last Worked at Occupation**
   - 1930

10. **Contributory Causes of Importance**
    - Name of Operation
    - Date
    - What test confirmed diagnosis?
    - Was there an autopsy?

11. **Burial, Cremation, or Removal**
    - Place: Burlington
    - Date: Nov. 28, 1934

12. **Undertaker**
    - H.S. Bailey

13. **Date Filed**
    - Nov. 27, 1934

14. **Date of Death**
    - Dec. 26, 1934

15. **Medical Certificate of Death**
    - Hereby certify that I attended deceased from Nov. 24, 1934, to Nov. 26, 1934.
    - I last saw him alive on Nov. 26, 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:

    **Date of onset:**

16. **Other Contributory Causes of Importance**

17. **Informant**
    - Mrs. Robert T. Orr

18. **Burial, Cremation, or Removal**
    - Place: Burlington
    - Date: Nov. 28, 1934

19. **Undertaker**
    - H.S. Bailey

20. **Date Filed**
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If more blanks are needed, address State Registrar, 2415 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

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

2. **FULL NAME**
   - Given Name: Eugene
   - Family Name: Pleitenger
   - Place of birth: St. Paul, Minn.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Male
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Single
   - Date of Birth: Jan. 29, 1916
   - Age: 18 Years, 9 months, 20 Days
   - Occupation: Clerk
   - Date deceased last worked at this occupation: ____________
   - Total time (years) spent in this occupation: ____________
   - Place of death: Harleysville

4. **MEDICAL CERTIFICATE OF DEATH**
   - Date of Death: November 18, 1934
   - Date of onset: ____________
   - Principal Cause of Death: Stroke
   - Other Contributory Causes of importance:

5. **INFORMANT**
   - Name: Harleys Pestle
   - Address: Harleysville, Pa.

6. **BURIAL, CREMATION, OR REMOVAL**
   - Place of Burial: Harleysville, Pa.
   - Date Buried: Nov. 22, 1934

7. **FILED**
   - Date Filed: Nov. 22, 1934

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting “U. S. No. 1.”
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<tr>
<td>Date of onset: July 5, 1927</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Raphine de Grace
   Hospital: No. 2
   Registration Dist. No.: 185
   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
   Edwin A. Runsey
   (a) Residence: No. Aberdeen, Md. St. Wards
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year): Sept. 24, 1922
   7. AGE: 12 yrs. 1 month 0 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): Nov. 2, 1934
   11. Total time (years) spent in this occupation:

   12. BIRTHPLACE (city or town) (State or country): Darlington, Maryland
   13. NAME: Allen J. Runsey
   14. BIRTHPLACE (city or town) (State or country): Maryland
   15. MAIDEN NAME: Anna Philips
   16. BIRTHPLACE (city or town) (State or country): Frederick, Maryland

   17. INFORMANT (Address): Aberdeen, Md.
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Darlington, Md.
      Date: Nov. 7, 1934
   19. UNDERTAKER (Address): H. G. Bailey
   20. FILED: Nov. 6, 1934

   MEDICAL CERTIFICATE OF DEATH

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

   22. I HEREBY CERTIFY, That I attended deceased from
      Nov. 6, 1934, to Dec. 6, 1934.
      I last saw him alive on Nov. 6, 1934; death is said
      to have occurred on the date stated above, at 12 m.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance
      were as follows:

      Other Contributory Causes of importance: Coronary Thrombosis

      Name of operation: None
      Was there an autopsy? Yes
      Date of autopsy:
      What test confirmed diagnosis:
      Where did injury occur?: (Specify city or town, county and State)
      Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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

   24. Was disease or injury in any way related to occupation of deceased?
      If so, specify:
      (Address): H. G. Bailey
      (Signature): M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**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 streetcar</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: Harford
    Village or City: Farmdale, MD
    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. or of foreign birth? yrs. mos. ds.

2. FULL NAME
    (a) Residence: No. Beechgrove, MD. St. fut. Ward.
    (Usually 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 or WIFE of
    
6. DATE OF BIRTH (month, day, and year)
    March 12, 1879

7. AGE
    Years: 59
    Months: 8
    Days: 16

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

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)
    Harford
    State or country:

13. NAME
    Richard J. Shannon

14. BIRTHPLACE (city or town)

15. MAIDEN NAME
    Margaret Smith

16. BIRTHPLACE (city or town)

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place and Date: Nov. 28, 1934

19. UNDERTAKER
    (Address)

20. FILED
    Nov. 28, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) 11 (Day) 27 (Year) 1934

22. I HEREBY CERTIFY, That I attended deceased from
    19 to 19.
    I last saw h. alive on
    To have occurred on the date stated above, 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:

    Pneumonia, apopitosis of Right Lung, pneumonia of pleura.

    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?
    Where did injury occur?
    Specify whether injury occurred in Industry, in Public Place, or in other.

    Manner of Injury
    Nature of Injury

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

    (Signed)
    Register

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

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<th>Example II</th>
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<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Kent County
Village or City: New Alton
St., Ward
Reg. Dist. No.: 181

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

2. FULL NAME: Annie Tilden

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

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

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

Franklin T. Tilden

6. DATE OF BIRTH (month, day, and year): Nov. 1, 1868

7. AGE: 65 yrs., 3 mos., 0 days

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

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

10. Date deceased last worked at this occupation (month, day, and year): May 1926

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

12. BIRTHPLACE (city or town): Hartford, N.Y.

(State or country)

13. NAME: Annie Tilden

14. BIRTHPLACE (city or town): Hartford, Conn.

(State or country)

15. MAIDEN NAME: Hannah Griffin

16. BIRTHPLACE (city or town): Port Jefferson, N.Y.

(State or country)

17. INFORMANT: Mrs. Anna Franklin Tilden

18. BURIAL, CREMATION, OR REMOVAL

Place: Baptist Church, Date: Oct. 7, 1934

19. UNDERTAKER: Henry Towne & Sons

Address: 790 Broad St.

20. FILED: Oct. 10, 1934

Registrar:

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

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

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

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</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>RECEIVED</td>
<td>1915</td>
<td>Attack of epilepsy</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>DEC 08, 1921</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
County: Harford
Village or City: Havre

2. FULL NAME
(a) Residence: No.
(b) Ward.

3. SEX
Male
4. COLOR OR RACE
White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
MARRIED
5a. If married, widowed, or divorced
HUSBAND of

6. DATE OF BIRTH (month, day, and year)
Nov. 18, 1859

7. AGE
80 Years
15 Months

8. TRADE, PROFESSION, OR PARTICULAR OCCUPATION
SMITH

10. DATE DECEASED LAST WORKED AT
This Occupation: Nov. 16, 1934

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (city or town)
PA

13. NAME
Samuel J. Halttunen

14. BIRTHPLACE (city or town)
PA

15. MAIDEN NAME
Sarah D. Smith

16. BIRTHPLACE (city or town)
PA

17. INFORMANT
John Halttunen

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Paul's
Date: Nov. 19, 1934

19. UNDERTAKER
Kalttunen, John

20. FILED
Nov. 19, 1934

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

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<td></td>
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**Example II**

<table>
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<th>The principal cause of death and related causes of importance were as follows:</th>
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<td></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: Hartford
No. 182
Registration Dist. No. 1
Village or City: Hallaton
(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. 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
Male
4. COLOR OR RACE
White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (marry the word)
Single
5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)
Oct. 12, 1934

7. AGE
Years: 29
Months: 0
Days: 0

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)
(Hartford, N.Y.

13. NAME
E. C. White

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

15. MAIDEN NAME
Hannah M. Donahue

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

17. INFORMANT
E. C. White
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Friendly Legacy Date: Nov. 8, 1934

19. UNDERTAKER
(Hüntner & Epp)
(Address)

20. FILED
Nov. 8, 1934
N. E. Richardson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
Nov. 7th
1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12th, 1934, to Nov. 7th, 1934
I last saw him/ her alive on Nov. 3rd, 1934; death is stated 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:
Praeviaemia Birth
(7 months gestation)

Date of onset

Other Contributory Causes of importance:

Other half-blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Harford
Village or City: Bel Air

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
M:
4. COLOR OR RACE
W:
5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of
Mary Alice Young
6. DATE OF BIRTH (month, day, and year)
Jan. 24, 1862
7. AGE
Years: 72
Months: 9
Days: 2

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Farmed
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
Retired
10. Date deceased last worked at this occupation (month and year)
1921
11. Total time (years months days) spent in this occupation
60 yrs. 7 mos. 2 days

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

13. NAME
Christian Young

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

15. MAIDEN NAME
Barbara Taylor

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

17. INFORMANT
Matilda Hall (Address)

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cemetery, Nov. 5, 1934

19. UNDERTAKER
L. L. Green (Address)

20. FILED
Nov. 4, 1934

Registration Dist. No. 182

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
Nov. 2
(Month)
1934
(Year)

22. I HEREBY CERTIFY, That I attended deceased from
Feb. 28    1934 to Nov. 2    1934.

I last saw h. i.m. alive on Sept. 27    1934; death is said
to have occurred on the date stated above, at 8:45 a.m.

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

Chronic interstitial nephritis

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy? No

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

Accident, suicide, or homicide?

Date of Injury, 19

Where did injury occur?

Specify 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)

G. F. Van Dillen
M. O.
Bel Air, Md.

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>Date of Onset</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 | Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN