STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Wicomico
   City: Salisbury
   Registration Dist. No.: 239
   Ward: 13
   Registration Dist. No.: 239
   Ward: 13

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

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH
      (Month, day, and year)
      Nov. 20, 1934

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

   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: SPINNER
   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: SILK MILL
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): Nov. 20, 1934
   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
      (Month) 11
      (Day) 20
      (Year) 1934

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

   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?
   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.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

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

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County ________________________________
   Village or City: Havre de Grace, Md. ____________
   (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: William Armstrong
   (a) Residence: No. 212, St., Havre de Grace, Md. ____________ 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: Col

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

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

6. DATE OF BIRTH (month, day, and year): Aug. 1, 1920

7. AGE: 14 years 4 months 11 days

   If LESS than 1 day, _______ hrs. or _______ min.

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

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

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

   Date deceased spent in this occupation

11. Total time (years) spent in this occupation

   Date of onset

   Other Contributory Causes of importance:

   Name of operation ____________________ Date of ________
   What test confirmed diagnosis? __________________ Was there an autopsy? ________

22. I HEREBY CERTIFY That I attended deceased from ________ 1934 to ________ 1934
   I last saw him alive on ________ 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:

   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 __________________

   Name of operation ____________________ Date of ________
   What test confirmed diagnosis? __________________ Was there an autopsy? ________

   Name of operation ____________________ Date of ________
   What test confirmed diagnosis? __________________ Was there an autopsy? ________

20. FILED: Nov 14, 1934

   Registrar __________________

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

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

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

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

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

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

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

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

1. PLACE OF DEATH

County: W. Harford

Village or City: Salisbury

No. Penn Linn Hospital St., 13 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: Maria Cooper

(a) Residence: No. 20 W. Hill, Md.

(Place of abode)

3. SEX: Female

4. COLOR OR RACE: Colored

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

5b. of: W. C. Cooper

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

7. AGE: Years Months Days

about 50

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

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

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

11. OCCUPATION: At home

12. BIRTHPLACE (city or town) Vergema

(State or country)

13. NAME: S. Vernow

14. BIRTHPLACE (city or town) w

(State or country)

15. MAIDEN NAME: W. Knotts

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

17. INFORMANT: Delmarie Collins

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Paul's Church

Date: Nov. 15, 1934

Chas. A. Burrell

19. UNDERTAKER: S. C. L. Cooper

300 E. Church St.

20. FILED: Nov. 12, 1934

Registrar: M. D.

21. DATE OF DEATH

(Month) November

(Day) 12

(Year) 1934

22. I HEREBY CERTIFY, that I attended deceased from Nov. 1, 1934, to Nov. 12, 1934.

I last saw him alive on Nov. 12, 1934.

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

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

Name of operation: Smith

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

If so, specify:

Address: 112 Main St., Salisbury, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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**Example I**

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

Other contributory causes of importance:

| Gallstones                                      | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis                                 | 1 year      |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Patient went through operation well and was doing well when sudden myocardial failure occurred.
1. PLACE OF DEATH
   County: [illisible]
   Village or City: Mandella
   St., Ward: [illisible]
   (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. How long in U.S. or if foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): 1865 April 29

7. AGE
   Years: 69
   Months: 11
   Days: 0
   If LESS than 60 days, state number of hours or minutes.

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

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

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

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

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

13. NAME: Obadiah Darby

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

15. MAIDEN NAME: Sarah Graham

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

17. INFORMANT
   Name: Mrs. Elizabeth Darby
   Address: Mandella, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mandella
   Date: Nov. 17, 1934

19. UNDERTAKER
   Name: W. A. Brahan, Bros.
   Address: Harptown, Md.

20. FILED
   Name: [illisible]
   Address: [illisible]

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY
   That I attended deceased from Oct. 15th, 1934, to Nov. 16th, 1934, and was his physician until his death
   I last saw him alive on Nov. 16th, 1934; death is said to have occurred on the date stated above at 4:38 P.M.
   The principal cause of death and related causes of importance were the following:
   Congenital heart disease
   Other Contributory Causes of Importance:

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

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

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify: [illisible]
   (Signed) William Emanuel
   M.D.
   (Address) Hebrew, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

<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: Pikesville
   Village or City: Pikesville
   Length of residence in city or town where death occurred: Yrs. __, Mos. __, Days __

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

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX [M] [F] [C]
   4. COLOR OR RACE [C]
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
      WIDOWED
   5a. If married, widowed, or divorced
      HUSBAND of [__________]
      WIFE of [__________]

   6. DATE OF BIRTH (month, day, and year)
      MARCH 19, 1934

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

   8. TRADE, PROFESSION, OR PARTICULAR
      KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.
      (__________)

   9. INDUSTRY OR BUSINESS IN WHICH
      WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.
      (__________)

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

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

   12. BIRTHPLACE (CITY OR TOWN)
       (STATE OR COUNTRY)
       707 East Pikesville
       Pikesville, Maryland

   13. NAME
       EUGENE D. BASHOR

   14. BIRTHPLACE (CITY OR TOWN)
       (STATE OR COUNTRY)
       (__________)
       (__________)

   15. MAIDEN NAME
       (__________)

   16. BIRTHPLACE (CITY OR TOWN)
       (STATE OR COUNTRY)
       (__________)
       (__________)

   17. INFORMANT
       (ADDRESS)
       (__________)

   18. BURIAL, CREMATION, OR REMOVAL
       PLACE: Pikesville
       DATE: NOV. 26, 1934

   19. UNDERTAKER
       (ADDRESS)
       (__________)

   20. FILED
       NOV. 24, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    APRIL 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    NOV. 26, 1934, to APRIL 3, 1934, and death is said
    to have occurred on the date stated above, at 6 P.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Dementia.

   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

   NAME OF OPERATION
   DATE
   (__________)
   (__________)

   WHAT TEST CONFIRMED DIAGNOSIS?
   (__________)
   WAS THERE AN AUTOPSY?
   (__________)

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

   ACCIDENT, SUICIDE, OR HOMICIDE
   (__________)
   DATE OF INJURY
   (__________)
   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.)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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>
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</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

| Gallstones                                      | May 1, 1923   |

### Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<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 date of birth, see birth certificate.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Bel Air
   Registration Dist. No.: No. 312

   Length of residence in city or town where death occurred: yrs. 2 mos. ds.

2. FULL NAME
   (a) Residence: No. 312 Martin St., 5 Ward, Bel Air, Harford

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Jan 1, 1849

7. AGE
   Years: 85
   Months: 10
   Days: 1

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

9. Industry or business in which work was done: None

10. Date deceased last worked at: April 1920

11. Total time of industry in the occupation: 85 yrs.

12. BIRTHPLACE (city or town)
   New Brunswick

13. NAME
   Horace Downer

14. BIRTHPLACE (city or town)
   New Brunswick

15. MAIDEN NAME
   Catherine G. Downer

16. BIRTHPLACE (city or town)
   New Brunswick

17. INFORMANT
   Mrs. Emma Potter

18. BURIAL, CREMATION OR REMOVAL
   Place: Bel Air
   Date: Nov. 5, 1934

19. UNDERTAKER
   Holcomb & McArthur

20. FILED
   Nov. 5, 1934

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

22. I HEREBY CERTIFY That I attended deceased from May 28, 1919, to June 19, 1934, and attended her at her death. The principal cause of death and related causes of importance were as follows:

   Other Contributory Causes of Importance:

   Date of death: June 19, 1934

   Name of operation:
   Data of:

   Was there an autopsy? Yes

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

   Accidental, suicidal, or homicide: Date of injury: 1934

   Where did injury occur: (Specify city or town, county and state)

   Manner of injury:

   Nature of injury:

   If so, specify

   (Address)

   (Signed)

If more blanks are needed, address State Registrar, 3411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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### Example I

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

### Example II

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

| Date of onset |
| 1 week ago |
| 1 week ago |
| 3 days ago |

| Other contributory causes of importance: |
| Gallstones |
| Gastroenteritis |

| Date of onset |
| May 1, 1923 |
| 1 year |

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

1. PLACE OF DEATH

County: Wicomico
Village or City: Peninsula General Hospital, Salisbury, MD
Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME

(a) Residence: No. 100, Bladensburg Rd., St., Ward.

PERSONAL AND STATUTORY PARTICULARS

3. SEX M

4. COLOR OR RACE N

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

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

Aug 12, 1881

7. AGE Years: 52

8. Trade, profession, or particular kind of work done, etc.: Automobile Salesmen

9. Industry or business in which work was done, etc.: Salesman, Auto

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

11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (city or town): Allston, MA

13. NAME: Max F. East

14. BIRTHPLACE (city or town): Allston, MA

15. MAIDEN NAME: Maggie Crockett

16. BIRTHPLACE (city or town): Allston, MA

17. INFORMANT (Address):

18. BURIAL, CREMATION, OR REMOVAL:

19. UNDERTAKER (Address): Leonard J. Fuller

20. FILED: Nov 3, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

11-5-1934

22. I HEREBY CERTIFY that I attended deceased from 11-1-1934 to 11-5-1934, that I last saw him alive on 11-5-1934, and death is said to have occurred on the date stated above, at 3 A.M.

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

Pulmonary, chronic

Other Contributory Causes of Importance:

Name of operation.

What test confirmed diagnosis?

Date of...

Was there an autopsy?

Date of...

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

Accident, suicide, or homicide?

Date of injury: 11-5-1934

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: Accident

Nature of injury: Pulmonary

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

If so, specify:

(Signed)

M.D.

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

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</table>

**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

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**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County... Wicomico
Village or City... Near Sharptown

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

2. FULL NAME.

Gaines

3. SEX

F.

4. COLOR OR RACE

col.

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

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

Dead born Nov. 27, 1934

7. AGE

Years Months Days

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

9. Industry or business in which work was done, as SIlK MILL, SAW MILL, BANK, ETC.

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

11. Total time (years) spent in this occupation

21. DATE OF DEATH

Nov. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19... to...

19...; 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:

Other Contributory Causes of Importance:

13. NAME

Oscar Gaines

14. BIRTHPLACE (city or town)

Md.

15. MAIDEN NAME

Mable Johnson

16. BIRTHPLACE (city or town)

Del.

17. INFORMANT

Oscar Gaines

18. BURIAL, CREMATION, OR REMOVAL

Zion, Nov. 28, 1934

19. UNDERTAKER

W. D. Graverson & Bro.

20. FILED

Nov. 27, 1934

Mary E. Mann

Registration Dist. No. 335

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

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1916 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   Registration Dist. No.: 2072
   No.: D.T.E.E.P. RR Tracks 9
   Ward: 9
   Length of residence in city or town where death occurred: 3 yrs.
   How long in U.S. or foreign birth: 7 mos.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME
   (a) Residence: No. 651 W. Nabisco St., 9
      (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
   6. DATE OF BIRTH (month, day, and year)
      May 2, 1894
   7. AGE
      Years: 40
      Months: 6
      Days: 30
      If less than 1 year, state in days, weeks, or months.
      or: 6 hr.
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
      Sawyer
   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
      Sawmill
   10. Date deceased last worked at this occupation (month and year)
      July 15, 1939
   11. Total time (years) spent in this occupation
      40 yrs.
   12. BIRTHPLACE (city or town)
      Havre de Grace, Md.
   13. NAME
      Henry Brainard
   14. BIRTHPLACE (city or town)
      Havre de Grace, Md.
   15. MAIDEN NAME
      Mary E. Holloway
   16. BIRTHPLACE (city or town)
      Havre de Grace, Md.
   17. INFORMANT
      H. E. Brainard, 651 W. Nabisco St., Havre de Grace, Md.
   18. BURIAL, CREMATION, OR REMOVAL
      Graves Am. Date: Nov. 9, 1939
   19. UNDERTAKER
      Haller & C., 651 W. Nabisco St.
   20. FILED
      Nov. 9, 1939
      Registrar

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
   (Month) 7
   (Day) 2
   (Year) 1939

22. I HEREBY CERTIFY, That I attended deceased from
    [Handwritten note]

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Accidental
   Date of injury: 11/7/39
   Where did injury occur? Maryland
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

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

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

| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | Gastroenteritis |
| Date of onset | 1 year |

| Gallstones | May 1, 1929 |

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

## 1. PLACE OF DEATH
- **County:** Wicomico
- **Village or City:** Salisbury
- **Registration Dist. No.:**
- **No. Md. H. Sanatorium:**
- **St., Ward:** 13

## 2. FULL NAME
- **Name:** John H. Haddox
- **Residence:** Nekom, Md.

### PERSONAL AND STATISTICAL PARTICULARS
- **SEX:** Male
- **COLOR OR RACE:** White
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED:** Widowed

### MEDICAL CERTIFICATE OF DEATH
- **DATE OF DEATH:** November 3, 1934
- **DATE OF DEATH:**
  - **Month:** November
  - **Day:** 3
  - **Year:** 1934

I HEREBY CERTIFY, that I attended deceased from March 26, 1932, to November 3, 1934; I last saw him alive on November 3, 1934; death was said to have occurred on the date stated above, at 9 A.M.

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

- **Cerebral Thrombosis**
- **Date of onset:** 1930

**Other Contributory Causes of Importance:**

### OCCUPATION
- **Trade:** Carpenter

### BIRTHPLACE
- **City or town:** New Pittsville
- **State or country:** Maryland

### NAME
- **Name:** Levin J. Haddox

### MOTHER
- **Maiden Name:** Elizabeth Horsky

### FATHER
- **Name:**

### BIRTHPLACE
- **City or town:** New Pittsville
- **State or country:** Maryland

### INFORMANT
- **Name:** Decedent

### BURIAL, CREMATION, OR REMOVAL
- **Place:** New Pittsville, Md.
  - **Date:** May 6, 1934

### UNDERTAKER
- **Name:** Frank May Turnauer

### FILED
- **Date:** Nov. 6, 1934

**Register:**

---

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1, Salisbury, Md."
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | RECEIVED 1915 |
| Chronic interstitial nephritis | DEC 6 1924 |
| Cerebral hemorrhage | July 5, 1927 |

**Example II**

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

**Other contributory causes of importance:**

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

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

1. PLACE OF DEATH

County: Wicomico
Village or City: Salisbury, Md.
Registration Dist. No.: 520 E. Church St., Ward 15
Length of residence in city or town where death occurred: 20 yrs. mos. ds.
How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME:
(a) Residence: No. 520 E. Church St., Salisbury, Md.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: Nov. 5, 1834
7. AGE: 75 yrs. 0 mos. 4 days

8. OCCUPATION: Retired

9. DATE DECEASED LAST WORKED: April 1929

10. DATE OF DEATH: Nov. 5, 1934

21. DATE OF DEATH

22. I HEREBY CERTIFY that the deceased, Eliza J. Holloway, was alive on Jan. 1, 1934, and died on Nov. 5, 1934. The principal cause of death and related causes of importance were:

- Heart Disease

Other Contributory Causes of Importance:

Name of operation: Date of operation: 

What test confirmed diagnosis?: Date of autopsy: 

11. Total time (years) spent in this occupation: 4 yrs.

12. BIRTHPLACE: near Salisbury, Maryland

13. NAME: Eliza J. Holloway

14. BIRTHPLACE: near Salisbury, Maryland

15. MAIDEN NAME: Sally McBee

16. BIRTHPLACE: near Salisbury, Maryland

17. INFORMANT: Mr. R. J. Holloway

18. BURIAL, CREMATION, OR REMOVAL: San Antonio, Texas, Dec. 11, 1934

19. UNDERTAKER: Mr. C. B. Murrell, P.O. 1

20. FILED: Dec. 19, 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

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<td></td>
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<td></td>
<td>May 1, 1923</td>
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<td>1 year</td>
</tr>
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</tr>
<tr>
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<td></td>
<td>1 year</td>
</tr>
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**1. PLACE OF DEATH**
- County: Salisbury
- Village or City: Md.
- Registration Dist. No.: 210-9
- If death occurred in a hospital or institution, give its NAME and number:

**2. FULL NAME**
- (a) Residence: No. 9, Salisbury St.
- (Usual place of abode)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**4. COLOR OR RACE**

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

**21. DATE OF DEATH**
- (Month) 11
- (Day) 12
- (Year) 1934

**MEDICAL CERTIFICATE OF DEATH**

**22. I HEREBY CERTIFY**

**23. ACCIDENT, SUICIDE, OR HOMICIDE**
- Accident: Date of injury
- Suicide: Date of death
- Homicide: Date of death

**25. MANNE OF INJURY**
- Struck by automobile

**26. NATURE OF INJURY**
- Skeletal fracture right leg

**27. OTHER CONTRIBUTARY CAUSES OF IMPORTANCE**
- Skull fracture right leg

**28. NAME OF OPERATION**

**29. DATE OF OPERATION**

**30. WHAT TEST CONFIRMED DIAGNOSIS**
- X-ray

**31. SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE**
- Public place

**32. MANNER OF INJURY**
- Struck by automobile

**33. NATURE OF INJURY**
- Skeletal fracture right leg

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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</tr>
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<td></td>
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</tr>
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<td>Cerebral hemorrhage</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH**

County: Wicomico  
Village or City: Salisbury  
No. West Main St., 9  
Ward:  
Registration Dist. No. 333

**2. FULL NAME**

John E. Jones  
(b) Residence: No.  
(Usual place of abode)

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>male</td>
<td>A. A.</td>
<td>married</td>
</tr>
</tbody>
</table>

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

**6. DATE OF BIRTH**

Jant 13 1901

**7. AGE**

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>1</td>
<td>28</td>
</tr>
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</table>

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

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

10. Date deceased was last worked at this occupation (month and year)  
Dec 14 1934

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

**12. BIRTHPLACE**

Whitehaven  
(State or country)

**13. NAME**

Robert Jones

**14. BIRTHPLACE**

Whitehaven  
(State or country)

**15. MAIDEN NAME**

Eatha Kingway

**16. BIRTHPLACE**

Whitehaven  
(State or country)

**17. INFORMANT**

Neeltie Jones  
(Address)

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

Place:  
HOSPITAL BURIAL  
Date: Dec 14, 1934

**19. UNDERTAKER**

C. A. T. Stewart  
(Address)

**20. FILED**

Nov 17, 1934  
S. H. Logsdon

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH**

November 11  
(Month)  
(Day)  
(Year)  
1934

22. I HEREBY CERTIFY, that I attended deceased from  
November 11, 1934  to  November 11, 1934; he was last seen alive on  
November 11, 1934; death occurred 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:

Acute Myocarditis

**23. Other Contributory Causes of Importance**

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

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

Accident, suicide, or homicide?  
Date of Injury  
19

Where did injury occur?  
(State or country)

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

Manner of Injury  
Nature of Injury

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

If so, specify  
(Signed)  
A. J. Brown M. D.

( Address)  
Saxthury, Md.
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Other contributory causes of importance:

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

### Example II

- Other contributory causes of importance:
# STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH**
- County: Howard
- Village or City: Baltimore
- Registration Dist. No.: 333
- No. 306 Charles St., 5th Ward

**2. FULL NAME**
- Martha Washington Kelly
- Residence: No. 306 Charles St., 5th Ward, Baltimore

**PERSONAL AND STATISTICAL PARTICULARS**

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

**Medical Certificate of Death**

**21. DATE OF DEATH**
- Nov., 15, 1934

**22. I HEREBY CERTIFY**
- That I attended deceased from Mar. 15, 1924, to Nov. 7, 1934
- I last saw deceased alive on Nov. 7, 1934
- Death is said to have occurred on the date stated above, at 6:30 a.m.
- The principal cause of death and related causes of importance were as follows:
  - Coronary Disease

**OCCUPATION**
- Housewife

**12. BIRTHPLACE (city or town)**
- New Britain, Conn.

**13. NAME**
- John B. Schenck

**15. MAIDEN NAME**
- Narcissus Causey

**17. INFORMANT**
- Mrs. E. Dorothea Parker
  - Address: 316 Charles St., Baltimore

**18. BURIAL, CREMATION, OR REMOVAL**
- Place: Charles Lane
- Date: Nov. 17, 1934

**20. FILED**
- Nov. 17, 1934
- Walter Turner
  - Registrar

**Additional Notes**
- If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
### 1. PLACE OF DEATH
- **County**: Washington
- **Village or City**: Hilliard
- **No.**: A.F.D. (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**: 17 yrs., 6 mos., ds.

### 2. FULL NAME
- **Name**: Staten Lacourta
- **Residence**: No. 22, Hilliard A.F.D. (usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS
- **SEX**: Male
- **COLOR OR RACE**: White
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Married
- **HUSBAND OF**: Lizzie Lacourta
- **DATE OF BIRTH**: Apr. 23, 1853
- **AGE**: 79 yrs., 6 mos., 19 days
- **OCCUPATION**: Farmer
- **BIRTHPLACE (city or town)**: Maryland
- **FATHER**: George Lacourta
- **MOTHER**: Nancy Huddlett
- **MAIDEN NAME**: Nancy Huddlett

### MEDICAL CERTIFICATE OF DEATH
- **DATE OF DEATH**: Nov. 11, 1919

### 21. CERTIFICATE OF DEATH
- **DATE OF ONSET**: Aug. 12, 1919
- **MANNER OF DEATH**: Disease of heart
- **OTHER CONTRIBUTORY CAUSES OF DEATH**

### 23. If death was due to external causes (VIOLENCE) fill in also the following:
- **What test confirmed the diagnosis?**
- **Date of Injury**
- **Where did injury occur?**
- **Manner of Injury**
- **Nature of injury**

### 24. Was disease or injury in any way related to occupation of deceased? **Yes**
- **Address**
- **Registars**

---

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<td>Peritonitis</td>
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<td>Date of onset: 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: DEC 3 1934</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 15, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1928</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: ...Crewe... (Note: County name is not visible)
   - Village or City: ...Festerville...
   - Registration Dist. No.: ...337...

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - (or WIFE of)
   - Wife of...George N. Floyd...

6. **DATE OF BIRTH (month, day, and year)**
   - Sep 1, 1850

7. **AGE**
   - Years: 84
   - Months: 7
   - Days: 16

8. **OCCUPATION**
   - Housewife

9. **OTHER OCCUPATION**
   - Homer

10. **DATE DECEASED**
    - 1934

11. **TOTAL TIME (years)**
    - 84

12. **BIRTHPLACE**
    - (City or town) Mount Vernon
    - (State or country) Maryland

13. **FATHER**
    - John Robert Bailey

14. **MOTHER**
    - Sarah Anne Coggin

15. **MAIDEN NAME**
    - Sarah Anne Coggin

16. **BIRTHPLACE**
    - (City or town) Mount Vernon
    - (State or country) Maryland

17. **INFORMANT**
    - Mrs. Robert Robertson
    - Festerville, Mo.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Festerville, Mo.
    - Date: Nov 18, 1934

19. **UNOBEAKEN**
    - Deceased

20. **FILED**
    - Nov 18, 1934

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Nov. 17, 1934

22. **DATE OF ONSET**
    - Nov 17, 1934

23. **CAUSE OF DEATH**
    - Senility
    - Functional Cardiac Fibrosis
    - Pulmonary Edema

24. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - Pulmonary Edema
    - Functional Cardiac Fibrosis
    - Senility

25. **DATE OF INJURY**
    - Nov 17, 1934

26. **MANNER OF INJURY**
    - Murder

27. **NATURE OF INJURY**
    - Murder

28. **DATE OF NATURAL DEATH**
    - Nov 17, 1934

29. **MEDICAL ATTENDANT**
    - Charles W. Lott, M.D.
    - Festerville, Mo.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death</strong> and related causes of importance were as follows:</td>
<td><strong>The principal cause of death</strong> and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
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<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
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<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
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<tr>
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<td>Gastroenteritis</td>
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<td>Date of onset</td>
</tr>
<tr>
<td>May 1, 1928</td>
<td>1 year</td>
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</table>
STATE OF MARYLAND - CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Wicomico
   Village or City: Salisbury
   Registration Dist. No.: 333
   No. 637 W. Main St.
   St. 9, Ward.

   Length of residence in city or town where death occurred: 4 yrs. mos. ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 637 W. Main St., Salisbury
   (Usual place of abode: Salisbury, Md.)

   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX

   4. COLOR OR RACE

   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

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

   7. AGE Years Months Days

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

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

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

   11. Total time (years) spent in this
   occupation

   12. BIRTHPLACE (city or town)

   13. NAME

   14. BIRTHPLACE (city or town)

   15. MAIDEN NAME

   16. BIRTHPLACE (city or town)

   17. INFORMANT

   18. BURIAL, CREMATION, OR REMOVAL

   Place

   Date

   19. UNDERTAKER

   20. FILED

   If more blanks are needed, address State Registrar, 2421 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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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
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<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: **Weici**
   - Village or City: **Salisbury, Md.**
   - Registration Dist. No.: 13 Ward
   - Hospital: **Penn. Cay. Hospital**

2. **FULL NAME**
   - (a) Residence: **Mrs. Jacob H. Newman**
   - (Usual place of abode) **Somerset, Ind.**

### PERSONAL AND STATISTICAL PARTICULARS

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

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

6. **DATE OF BIRTH** (month, day, and year)
   - Dec 17, 1934

7. **AGE**
   - Years: 0
   - Months: 0
   - Days: 14

10. **DATE DECEASED FIRST WORKED IN THIS OCCUPATION**
    - Month and year:

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

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

13. **NAME**
    - **Jacob H. Newman**

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

15. **MAIDEN NAME**
    - **Della Williams**

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

17. **INFORMANT**
    - **Penn. Cay. Hospital**

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: **Salisbury Cemetery**
    - Date: November 1, 1934

19. **UNDEUTER**
    - Name: **Jacob H. Newman**

20. **FILED**
    - Date: Nov 1, 1934
    - City: **Maysville**

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
    - (Month) 12
    - (Day) 1
    - (Year) 1934

22. **I HEREBY CERTIFY**
    - That I attended deceased from 10-31-1934 to 11-12-1934:
    - Death is said to have occurred on the date stated above, at 6:40 a.m.

    **The Principal Cause of Death** and related causes of importance were as follows:

    Date of onset

23. **Other Contributory Causes of Importance**

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

25. **If so, specify**
    - (Address)

26. **(Signed)**
    - M. D.

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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1911</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date: May 1, 1923</td>
<td>Date: 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: ... 
Village or City: Sontoby 
Length of residence in city or town where death occurred: yrs. ... 

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE, MARRIED, WIDOWED, OR DIVORCED

5a. If married, widowed, or divorced

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

7. AGE

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)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNEARTNER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from 

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

Accident, suicide, or homicide?

Where did injury occur?

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) 

M. D. 
(Address) 

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

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Example I

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

Example II

<table>
<thead>
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<th>Cause of Death</th>
<th>Date of Onset</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>1 week ago</td>
<td></td>
</tr>
<tr>
<td>Run over by street car</td>
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<td></td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
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<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td></td>
</tr>
<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: Wicomico
   Village or City: Salisbury, Md.
   Length of residence in city or town where death occurred: 5 yrs

2. FULL NAME
   Residence: No. 616 E. Wilmot St., Salisbury, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH (month, day, and year)
   Jan 7, 1877

7. AGE
   Years: 57
   Months: 10
   Days: 23

8. OCCUPATION
   Home work

9. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1934, to Nov 30, 1934
   I last saw him alive on Oct 29
   Death is said to have occurred on the date stated above, at Salisbury, Md.

MEDICAL CERTIFICATE OF DEATH

10. TOTAL TIME (years) spent in this occupation

11. Date of death

12. BIRTHPLACE (city or town)
   Mar. Berlin, Maryland

13. NAME
   William C. Parker

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

15. MAIDEN NAME
   Emma Pruell

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

17. INFORMANT
   George R. Parker

18. BURIAL, CREMATION, OR REMOVAL
   Place: Salisbury, Md.
   Date: Dec. 2, 1934

19. UNDERTAKER
   (Address)

20. FILED
   Dec. 2, 1934

21. DATE OF DEATH
   (Month) 30th
   (Day) 1934
   (Year)

22. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
   Arteriosclerosis, High Blood Pressure
   Name of operation
   Date of
   What test confirmed diagnosis?
   Was there an autopsy?

23. ACCIDENT, SUICIDE, OR HOMICIDE
   Date of Injury
   Where did injury occur?
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE

24. DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED
   If so, specify

N. B.—WRITE Plainly, with UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
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.

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

Example I

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

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

Example II

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

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

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

1. PLACE OF DEATH
   County: Maryland
   Village or City: (No specific location mentioned)
   Registration Dist. No.: 331
   Length of residence in city or town where death occurred: 20 yrs., 1 mo., 20 days

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

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      Female

   4. COLOR OR RACE
      White

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

   6. DATE OF DEATH (month, day, and year)
      Feb. 12, 1859

   7. AGE (Years, Months, Days)
      75 yrs., 6 mos., 13 days

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

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

   10. Date deceased last worked at this occupation (month and year)
       1930

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

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

   13. NAME
       Alice Margaret Prelitt

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

   15. MAIDEN NAME
       (No specific maiden name mentioned)

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

   17. INFORMANT
       (Address)
       Mrs. Lee Prelitt

   18. BURIAL, CREMATION, OR REMOVAL
       Place: Salkubury, Md.
       Date: 11/15/19

   19. UNDERTAKER
       (Address)
       Salkubury, Md.

   20. FILED
       Nov. 7, 1859

   21. DATE OF DEATH
       (Month) (Day) (Year)
       Feb. 12, 1859

   MEDICAL CERTIFICATE OF DEATH

   22. I HEREBY CERTIFY, That I attended deceased from
       Dec. 15, 1930, to Mar. 6, 1931; death is said
       to have occurred on the date stated above, at 7:30 A.M.
       The PRINCIPAL CAUSE OF DEATH and related causes of importance
       were as follows:

       Date of onset: 11/15/19
       Cause of death: (No specific cause of death mentioned)

   Other Contributory Causes of importance:

   Name of operation: (No specific operation mentioned)
   Date of: (No specific date mentioned)
   What test confirmed diagnosis?: (No specific test mentioned)
   Was there an autopsy?: (No specific information provided)

   23. If death was due to external causes (VIOLENCE) fill in also the following:
       Accident, suicide, or homicide?: Date of injury: 1931
       Where did injury occur?: (Specify city or town, county and State)
       Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE:

       Manner of injury: (No specific manner of injury mentioned)
       Nature of Injury: (No specific nature of injury mentioned)

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

   If so, specify:
       (Signed) (Address) (M. D.)

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

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

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

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

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

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<td>1921</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1925 |

**Example II**

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<td>Attack of epilepsy</td>
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<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: Allegany
   - Village or City: Hagerstown
   - Registration Dist.: 333
   - St., Ward: 13, 17
   - No. P.O. Hospital: St., Ward: Princess Anne

2. **FULL NAME**
   - Cabell W. Polkitt

**PERSONAL AND STATISTICAL PARTICULARS**

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

5a. **HUSBAND**: Carvel Polkitt

6. **DATE OF BIRTH** (month, day, and year): Aug. 6, 1862

7. **AGE**
   - Years: 72
   - Months: 3
   - Days: 13
   - If LESS than 1 day, ...: hrs.

**OCCUPATION**

8. **Trade, profession, or particular kind of work done**: Farmer
9. **Industry or business in which work was done**: Silk Mill, Saw Mill, Bank, etc.
10. **Ote deceased last worked at this occupation for month and year**: Nov. 1934

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

12. **BIRTHPLACE** (city or town): Conococheague, Md.
(State or country)

13. **NAME**: Whettingham Polkitt
14. **BIRTHPLACE** (city or town): Conococheague, Md.
(State or country)
15. **MAIDEN NAME**: Nevin Cannon
16. **BIRTHPLACE** (city or town): Conococheague, Md.
(State or country)

17. **INFORMANT**
   - Name: Mrs. Carvel Polkitt
   - Address: R. R. 1, Princess Anne, Md.

18. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Princess Anne
   - Date: Nov. 21, 1934

19. **UNDERTAKER**
   - Name: R. M. Smith
   - Address: Princess Anne
20. **FILED**
   - Date: Nov. 21, 1934
   - Registrar: Mrs. May Turner

21. **DATE OF DEATH**
   - (Month) (Day) (Year): Nov. 19, 1934

22. **I HEREBY CERTIFY**
   - That I attended deceased from
   - (Month) (Day, Year): 11/18, 1934, to 11/19, 1934;
   - I last saw him alive on: 11/18, 1934;
   - He died on: 11/19, 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:
   - Pneumonia

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

- Name of operation: "A" 
  - Date of Operation: 11/18/34
  - What test confirmed diagnosis: "A"
  - Was there an autopsy: "A"

23. **IF DEATH WERE DUE TO EXTERNAL CAUSES (VIOLENCE)**
   - Enter also the following:
   - Accident, suicide, or homicide: Date of Injury: 11/18/34
   - Where did injury occur: Specify city or town, county and state
   - Specify whether injury occurred in Industry, in Home, or in public place

24. **IF DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
   - If so, specify:

---

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 7.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Wicomico
   Village or City: Salisbury
   Registration Dist. No.: 233
   No. 217 Cambridge Ave, St. 13
   Ward.
   Length of residence in city or town where death occurred: yrs. 9 mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Matthew Burnett
   (a) Residence: No. 315 Bender Ave, St., 13 Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   4. COLOR OR RACE
   White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED
   6. If married, widowed, or divorced
   HUSBAND of
   7. DATE OF BIRTH (month, day, and year)
   April 8, 1877
   8. AGE
   87 yrs.
   9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Farmer
   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)
   Aug 1933
   12. Total time (years) spent in this occupation
   2 yrs.

OCCUPATION

13. BIRTHPLACE (city or town)
   Haviland
   14. NAME
   Levi A. Burnett
   15. MAIDEN NAME
   Hansh Merrick
   16. BIRTHPLACE (city or town)
   (State or country)
   17. INFIRMARY
   (Address)
   Maryland
   May 1937
   18. BURIAL, CREMATION, OR REMOVAL
   Place
   Date
   19. UNDERTAKER
   (Address)
   20. FILED
   Nov 30, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Nov 27, 1937
   22. I HEREBY CERTIFY
      That I attended deceased from
      Nov 12, 1937, to
      Nov 27, 1937; death is stated to have occurred on the date stated above, at 9:30 m.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance
      were as follows:
      23. NAME OF OPERATION
      Date of
      What test confirmed diagnosis?
      Was there an autopsy?
      24. If death was due to external causes (VIOLENCE) fill in also the following:
      Accident, suicide, or homicide?
      Date of injury
      Where did injury occur?
      Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
      Manner of injury
      Nature of injury
      Specify if so, specify
      If so, specify
      (Signed) 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 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.

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: | The principal cause of death and related causes of importance were as follows: |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | May 1, 1923 |
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: Baltimore
   - Village or City: Huntland
   - Registration Dist. No.: 323
   - Md. No.: 99
   - St.: 16
   - Ward: 16
   - Length of residence in city or town where death occurred: 30 yrs.

2. **FULL NAME**
   - Edward Jefferson, Dain, Pusey

   (a) Residence: Huntland, Md.
   - If nonresident give city or town and State

   **PERSONAL AND STATISTICAL PARTICULARS**

   3. **SEX**
   - Male

   4. **COLOR OF RACE**
   - White

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

   (a) HUSBAND OF
   - Pearl Pusey

   6. **DATE OF BIRTH**
   - Age: 26 years

   7. **AGE**
   - Years: 63
   - Months: 7
   - Days: 1

   8. **OCCUPATION**
   - Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   - Plant Mill

   9. **DATE OF DEATH**
   - Nov. 3, 1936

   **MEDICAL CERTIFICATE OF DEATH**

   21. **DATE OF DEATH**
   - (Month): Nov.
   - (Day): 3
   - (Year): 1936

   22. **I HEREBY CERTIFY, That I attended deceased from**
   - Nov. 1, 1934, to Nov. 3, 1936

   **PRINCIPAL CAUSE OF DEATH**
   - Heart Disease

   **OTHER CONTRIBUTORY CAUSE OF DEATH**
   - Date of onset: 1934

   **OTHER CONTRIBUTORY CAUSE OF IMPORTANCE**
   - Date of onset: 1934

   **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:**
   - 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:

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

   **If more blanks are needed, address State Registrar, 2222 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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<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: 
Village or City: 
Registration Dist. No. 
No. 
St., 
Ward.

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

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

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

2. FULL NAME

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

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Wife

Husband of

Wife of

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

Aug. 19, 1878

7. AGE

Years

Months

Days

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

8a. At Home

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

State or country

Maryland

13. NAME

George B. Rippin

14. BIRTHPLACE (city or town)

State or country

Maryland

15. MAIDEN NAME

Harrissa B. Helme

16. BIRTHPLACE (city or town)

State or country

Maryland

17. INFORMANT

( Name )

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDOCKETER

( Address )

20. FILED

( Address )

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Other contributory causes of importance:

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

1. PLACE OF DEATH
   County McLean
   Village or City Salisbury, Md.
   No. P.B. Hospital St., 3, Ward
   Length of residence in city or town where death occurred yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   Agnes Katherine Rose
   (a) Residence: No. 220 Main St., 9 Ward Salisbury, 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
   MARRIED
   OR WIFE

6. DATE OF BIRTH (month, day, and year)
   Dec. 7, 1898

7. AGE
   Years Months Days
   35 11 19
   If LESS than 1 day, hrs. or min.

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

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 end year)
    Nov. 1939

11. TOTAL TIME (YEARS) spent in this occupation

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

13. NAME
    Joseph Baker

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

15. MAIDEN NAME
    Sybil H. Baker

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

17. INFORMANT
    Herbert E. Rose
    (Address) 220 Main St., Salisbury

18. BURIAL, CREMATION, OR REMOVAL
    Place: Salisbury
    Date: Nov. 25, 1939

19. UNDERTAKER
    (Address)

20. FILED
    Nov. 23, 1934
    (Date)

REGISTRAR

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

1. PLACE OF DEATH
   County: Caroline
   Village or City: Salisbury
   Registration Dist. No.: 333
   No. John B. Russell Home: St. J
   (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: 5 yrs, 6 mos, ds. How long in U.S. if of foreign birth? yrs, mos, ds.

2. FULL NAME: A. N. Russell
   (a) Residence: No.
   (Usual place of abode)
   St., Ward: St. J, Ward: Alexandria, Md

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Aug 18, 1913

7. AGE: 91 yrs, 3 mos, 0 days

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: None

10. Date deceased last worked at this occupation (month and year): May 1915

11. Total time (years) spent in this occupation: 36 yrs, 3 mos, 0 days

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

13. NAME: A. N. Russell
   Mother: Mrs. A. N. Russell

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

15. MAIDEN NAME: Carnelian Bass

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

17. INFORMANT (Address):
   Name: Mrs. A. N. Russell
   Relationship: Mother

18. BURIAL, CREMATION, OR REMOVAL
   Place: Alexandria, Md
   Date: May 1915

19. UNDERTAKER (Address):
   Name: H. Goldstein
   Address: 117 E. St.

20. FILED: Nov 21, 1914

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 7 0
   (Day) 
   (Year) 1914

22. I HEREBY CERTIFY, That I attended deceased from
   (Place) to 
   (Date) 1914

   I last saw deceased alive on
   (Place) to 
   (Date) 1914

   Death occurred on the date stated above, at
   (Place) to 
   (Date) 1914

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

   Other Contributory Causes of importance:

   Name of operation:
   What was confirmed diagnosis?
   Were there an autopsy?

23. If death was due to external causes (VIOLANCE) fill in else the following:
   Accident, suicide, or homicide?
   Date of Injury: 1914
   Where did injury occur?
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE

   Manner of injury:
   Nature of injury:

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

If more blanks are needed, address State Registrar, 2413 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.: 333
   No. 203 Close
   Ward: 13

   Length of residence in city or town where death occurred: yrs. 5 mos. 19

2. FULL NAME
   Anna R. Shore
   Residence: No. 203 Close
   St. 13 Ward. Bel air

   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGULAR, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   June 7, 1904

7. AGE
   80 yrs. 5 mos. 19

   If less than 1 day, write the hours
   or min.

8. OCCUPATION
   None

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

10. Date deceased last worked at this occupation
    June 7, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE
    Bel air, Maryland

13. NAME
    Anna R. Shore

14. BIRTHPLACE
    Bel air, Maryland

15. MAIDEN NAME
    Frederickson

16. BIRTHPLACE
    Bel air, Maryland

17. INFORMANT
    Mother or Father

18. BURIAL, CREMATION, OR REMOVAL
    Place of interment: Bel air

19. UNDERTAKER
    Holley F. Prince

20. FILED
    Nov. 27, 1934

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Wicomico
   Village or City: Salisbury
   No. Peake General Hospital
   Registration Dist. No. 14
   Ward.
   Length of residence in city or town where death occurred: yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No.
   (b) Full Name: "William L. Talley, Jr.
   Ward.
   (c) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male.

4. COLOR OR RACE
   "C.

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

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

6. DATE OF BIRTH (month, day, and year)
   11-30-1934

7. AGE
   Years: 0
   Months: 0
   Days: 0
   If LESS than 1 day, hrs. or min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   "W.

13. NAME
   "William L. Talley, Jr.

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

15. MAIDEN NAME
   "Eunice W. Nigger.

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

17. INFORMANT
   "Albert. Talley
   Address:

18. BURIAL, CREMATION, OR REMOVAL
   Place of Burial: Salisbury City
   Dec. 1, 1934

19. UNDERTAKER
   "William L. Talley, Jr.
   Address:

20. FILED
   Dec. 1, 1934
   Rev. May Turner
   Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Jan. 30
   1935

22. I HEREBY CERTIFY. That I attended deceased from
    I last saw death on Feb. 10, 1934. Death was said to have occurred on the date stated above, at 12:30 a.m.

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

   "Illness (in hours)
   About Dec. 26, 1934

   Other Contributory Causes of importance:

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

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

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

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Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County. Prince George's
Village or City. White Haven
How long in U.S. if of foreign birth? yrs. mos. ds.
Length of residence in city or town where death occurred. 35 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. White Haven, Md., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Married

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

Robert H. Staton

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

March 4, 1863

7. AGE

Years 71
Months 8
Days 17

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

Housewife

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

None

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

1929

11. Total time (years) spent in this occupation

40

12. BIRTHPLACE (city or town)

Salisbury

(State or country)

13. NAME

Samuel J. Staton

14. BIRTHPLACE (city or town)

Salisbury

(State or country)

Maryland

15. MAIDEN NAME

Maria Staton

16. BIRTHPLACE (city or town)

Salisbury

(State or country)

Maryland

17. INFORMANT (Address)

Mary Staton [Redacted]

Salisbury, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place

Salisbury, Maryland

Date

April 27, 1929

19. UNDERTAKER (Address)

Reginald G. Johnson Co.

Salisbury, Maryland

20. FILED

Nov. 23, 1934

Registrar

21. DATE OF DEATH

Nov. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 15, 1934, to Nov. 21, 1934

I last saw him alive on Oct. 18, 1934, and he was dead on Nov. 21, 1934.
The principal cause of death and related causes of importance

Aphlebitis

Terminal Paralysis

Other Contributory Causes of Importance:

Nema 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

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?

No

If so, specify

(Signed)

D. Allen Willis

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

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<tr>
<th>Example I</th>
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<tr>
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<td><strong>July 5, 1927</strong></td>
<td><strong>Cerebral hemorrhage</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>May 1, 1923</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
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</table>

**Other contributory causes of importance:**

**Peritonitis**

**3 days ago**

**Run over by street car**

**1 week ago**

**Gastroenteritis**

**1 year**

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

1. PLACE OF DEATH
   County: Calvert
   Village or City: Salisbury, Md.
   Length of residence in city or town where death occurred: yrs. 2 mos. ds.
   Registration Dist. No.: 333
   No. 412 Main St., 5 Ward

2. FULL NAME
   (a) Residence: No. 412 Main St., 5 Ward, Salisbury, Md.
   Lillie Emma Sullivan
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   WIFE OF James Sullivan

6. DATE OF BIRTH
   May 5, 1884
   (Month, day, and year)

7. AGE
   Years: 50
   Months: 6
   Days: 11
   IF LESS THAN 1 day, ___ hrs.
   __ min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Operator of Ship Factory

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Ship Factory

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    Oct. 1934

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

12. BIRTHPLACE (CITY OR TOWN)
    (State or country)
    Marion County

13. NAME
    Mary Sullivan

14. BIRTHPLACE (CITY OR TOWN)
    (State or country)
    Marion County

15. MAIDEN NAME
    Emma Rainwater

16. BIRTHPLACE (CITY OR TOWN)
    (State or country)
    Marion County

17. INFORMANT
    Address: 412 Main St., Salisbury, Md.
    Name: James Sullivan
    Relationship: Wife

18. BURIAL, CREMATION, OR REMOVAL
    Place: Eutaw, Md.
    Date: Nov. 10, 1934

19. UNDERTAKER
    Address: H. H. Trayer, Salisbury, Md.

20. FILED
    Nov. 19, 1934

21. DATE OF DEATH
    Nov. 16, 1934

22. I HEREBY CERTIFY
    That I attended deceased from
    Marion County, Md., on Nov. 16, 1934.
    I last saw on Nov. 16, 1934.
    Death occurred on Nov. 16, 1934.

MEDICAL CERTIFICATE OF DEATH

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

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

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

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

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

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

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

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

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

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

Example II

<table>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<tr>
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</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: "" Co.
Village or City: Salisbury
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 415, 415 Irish Line Rd., New York, N.Y.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female, White, Single

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

November 15, 1934

7. AGE

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

Silk 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)

Salisbury, Maryland

13. NAME

John P. Sullivan

14. BIRTHPLACE (CITY OR TOWN)

15. MAIDEN NAME

Sarah V. Davis

16. BIRTHPLACE (CITY OR TOWN)

17. INFORMANT (NAME, ADDRESS)

Miss Nancy D. Davis, 1010 02 Church St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Parson's Conn. Date: Nov. 15, 1934

19. UNDERTAKER (ADDRESS)

The Hill & Johnson Co., Salisbury, Md.

20. FILED

Nov. 15, 1934, D. Mary James

REGISTRATION DIST. NO. 333

Ward: 1

21. DATE OF DEATH

Nov. 15, 1934

22. I HEREBY CERTIFY, that I attended deceased from Nov. 15, 1934, to Nov. 15, 1934, and that death is said to have occurred on the date stated above, at 7 A.M.

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

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

Accident, suicide, or homicide?: Date of injury: Nov. 15, 1934

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

If so, specify: M.D.

SIGNED

M.D.

If more blanks are needed, address State Registrar, 220 S. Charles Street, Baltimore, Requesting U.S. No. 1.
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Other contributory causes of importance:
Gallstones | May 1, 1923 | Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

   County: Wicomico
   Village or City: Salisbury
   Registration Dist. No. 323
   No. Peninsular General Hospital Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

   (a) Residence: No. 415 N. 24th St., New York, NY, Ward.

   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): November 15, 1934
   7. AGE Years 0 Months 0 Days 0

   8. Trade, profession, or particular kind of work done: spinner, sawyer, bookkeeper, etc.
   9. Industry or business in which work was done: silk mill, saw mill, bank, etc.
   10. Date deceased last worked at this occupation (month and year): 1934
   11. Total time (years) spent in this occupation: 1934

   12. BIRTHPLACE (city or town):

   13. NAME
      John P. Sullivan
   14. BIRTHPLACE (city or town): Don't Know
   15. MAIDEN NAME: Sarah V. Davis
   16. BIRTHPLACE (city or town): Salisbury

   17. INFORMANT:
      Mrs. Nancy C. Davis
      1010 S. Church St.

   18. BURIAL, CREMATION, OR REMOVAL:
      Place: Salisbury
      Date: Oct. 12, 1934

   19. UNDERTAKER:
      T. Hite & Johnson Co.

   20. FILED: Nov. 15, 1934

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
      Nov. 15, 1934

   22. I HEREBY CERTIFY, That I attended deceased from
       June 15, 1934, to Oct. 15, 1934, and I certify to have occurred on the date stated above, the death of
       John P. Sullivan, male, white, single, age 00 years, 0 months, 0 days, deceased on Oct. 12, 1934.

   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.

      Nature of injury:
      Nature of injury:

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

      Signed:

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

### Example II

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

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

1. **PLACE OF DEATH**
   - County: Mೋnnico
   - Village or City: Near Parsonsburg, Md.
   - Registration Dist. No.: 332
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Spence Cooper

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: M
   - Color or Race: W
   - Single, Married, Widowed, or Divorced: Married
   - Residence: No.
   - Street: Near Parsonsburg
   - Ward:

4. **DATE OF DEATH**
   - Month: Dec
   - Day: 24
   - Year: 1924

5. **DATE OF BIRTH**
   - Month: Sept
   - Day: 16
   - Year: 1900

6. **AGE**
   - Years: 34
   - Months: 2
   - Days: 9

7. **OCCUPATION**
   - Trade, profession, or particular kind of work done: Housewife
   - Industry or business in which work was done: None

8. **PLACE OF DEATH**
   - City or town: Parsonsburg
   - State or country: Md.

9. **BIRTHPLACE**
   - City or town: Brown Hill
   - State or country: Md.

10. **MAIDEN NAME**
    - Annie Johnson

11. **MOTHER**
    - Name: Annie Johnson

12. **FATHER**
    - Name: Wm. Johnson

13. **INFORMANT**
    - Name: Lawrence Cooper
    - Address: Parsonsburg, Md.

14. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Brown Hill
    - Date: Nov 24, 1924

15. **UNDERTAKER**
    - Name: Wm. Howard Willett
    - Address: Gillells, Md.

16. **FILED**
    - Date: Nov 26, 1924
    - Registrar: H. L. Brown

17. **CONTRIBUTARY CAUSES OF DEATH**
    - Name of operation: None
    - Date of...
    - What was the confirmed diagnosis? None
    - Was there an autopsy? None

18. **ACCIDENT, SUICIDE, OR HOMICIDE**
    - Where did injury occur? None
    - Date of injury: None
    - Nature of injury: None

19. **INDUSTRY, HOME, OR PUBLIC PLACE**
    - Specify whether injury occurred: None

20. **INDUSTRY, HOME, OR PUBLIC PLACE**
    - Specify whether injury occurred: None

---

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

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</tr>
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<tr>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Wicomico
No. Lake
Registration Dist. No.: 333
Village or City: Salisbury
St., 9 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

2. FULL NAME

(a) Residence: No. 9 St., 9 Salisbury
(Usual place of abode)
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
Col.

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

6. DATE OF BIRTH (month, day, and year) 11-29-1934

7. AGE Years Months Days

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

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

13. NAME Stillings, Walters

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

15. MAIDEN NAME Stillings

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

17. INFORMANT
Laura Stewart, Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Lakeside, Salisbury, Md.
Date: Nov 30, 1934

19. UNDERTAKER
William J. Pendergast, Salisbury

20. FILED
Nov 30, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 29, 1934

22. I HEREBY CERTIFY, Thet I attended deceased from Nov 19, 1934 to Nov 29, 1934.

I last saw h. alive on Nov 19, 1934; death is said to have occurred on the data stated above, at 11:30 a.m.

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

1. Stillborn

Other Contributory Causes of importance:

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

a. Accident, suicide, or homicide?

b. Date of injury

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

25. If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

<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>
</tbody>
</table>

Other contributory causes of importance:

| Peritonitis | 3 days ago |

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   - County: Baltimore
   - Village or City: Salisbury
   - Registration Dist. No.: 333
   - No. Place of Occurrence: 13
   - Ward: 13
   - Length of residence in city or town where death occurred: 21 yrs. 6 mos. 13 ds.
   - How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME: Paul E. Hadley Jr.
   - (a) Residence: No. Middly Banker St., 13 Ward.
     (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): May 16, 1913.

7. AGE: 71 yrs. 6 mos. 13 ds.

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: May 16, 1913.
11. Total time (years) spent in this occupation: 71 yrs. 6 mos. 13 ds.

12. BIRTHPLACE (city or town): Maryland
   - (State or country)
13. NAME: Paul E. Hadley
14. BIRTHPLACE (city or town): Chesapeake
   - (State or country)
15. MAIDEN NAME: Alice Bradley
16. BIRTHPLACE (city or town): Maryland
   - (State or country)
17. INFORMANT: Paul E. Hadley
   - (Address)
18. BURIAL, CREMATION, OR REMOVAL
   - Place: Salisbury, Maryland
   - Date: May 17, 1913.
19. UNDERTAKER: F. W. H. Willey
   - (Address)

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH: May 16, 1913.
22. I HEREBY CERTIFY, That I attended deceased from May 10, 1913, to May 19, 1913, and died on May 19, 1913.
23. The principal cause of death and related causes of importance were as follows: Pneumonia, peritonitis, ascites, etc.
24. Other Contributory Causes of importance:
25. Date of onset: May 10, 1913.
26. Name of operation: None.
27. What test confirmed diagnosis: None.
28. Was there an autopsy?: None.
29. If death was due to external causes (VIOLANCE) fill in also the following:
   - Accident, suicide, or homicide?: None.
   - Date of injury: None.
   - Where did injury occur?: None.
   - Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   - Menner of injury: None.
   - Nature of injury: None.
30. Was disease or injury in any way related to occupation of deceased? None.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: 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: Washington
   Village or City: Barryton
   Length of residence in city or town where death occurred: yrs. 3 mos. 21 ds.

2. FULL NAME
   (a) Residence: No. 2219 E. 3rd St., Ward.
   If nonresident give city or town and State.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Jan. 10, 1871

7. AGE
   Years: 43
   Months: 10
   Days: 19
   If LESS than 1 day, ___ hrs. ___ min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   Ada C. Collins

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

15. MAIDEN NAME
   Louise Derrickson

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

17. INFORMANT
   (Address)

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

19. UNDERTAKER
   (Address)

20. FILED
   (Date) Nov. 29, 1934
   (Address) A. E. May Turner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 12
   (Day) 29
   (Year) 1934

22. I HEREBY CERTIFY that I attended deceased from Nov. 26, 1934, to Nov. 29, 1934, and last saw her alive on Nov. 26, 1934; death is said to have occurred on the date stated above, at 8:50 a.m.

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

   Date of onset

   Other Contributory Causes of importance:

   Dental Odontia denticula

   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
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of Injury

   Nature of Injury

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

   (Signed) M. D.

   (Address)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1933</td>
</tr>
</tbody>
</table>

Example II

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
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<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Wicomico
Village or City: Peninsula General Hospital, Salisbury, 13

2. FULL NAME

WILLIS J. WEST

(a) Residence: No. Lake St. Ext. Salisbury St., Salisbury, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

A A

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

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

Mar. 8, 1934

7. AGE

22

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

None

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

None

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

Non

OCCUPATION

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

None

12. BIRTHPLACE (CITY OR TOWN)

Salisbury

13. NAME

Lewis West

14. BIRTHPLACE (CITY OR TOWN)

Salisbury, Maryland

15. MAIDEN NAME

Myrtle Hall

16. BIRTHPLACE (CITY OR TOWN)

Salisbury, Maryland

17. INFORMANT

Myrtle West

18. BURIAL, CREMATION, OR REMOVAL

Place: Houston Cemetery

Date: Nov. 14, 1934

19. UNDERTAKER

James J. Stewart

20. FILED

Nov. 14, 1934

REGISTRAR

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<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<td>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>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
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<td>1 week ago</td>
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<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.