STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Frostburg

2. FULL NAME
   Gertrude Armstrong

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Aug 13, 1869

7. AGE
   65 Years 4 Months 3 Days

8. OCCUPATION
   Housewife

9. DATE deceased last worked at this occupation (month and year)
   1933

10. Total time (years) spent in this occupation
    1

11. Medical Certificate of Death
    I HEREBY CERTIFY that I attended deceased from 1933 to 1934.
    I last saw deceased alive on Dec 16, 1934; death is said to have occurred on the date stated above, at 6 P.M.

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

13. NAME
    Alfred P. Watts

14. BIRTHPLACE (city or town)
    London, England

15. MAIDEN NAME
    Margaret Reppon

16. BIRTHPLACE (city or town)
    Hamburg, Md.

17. INFORMANT
    Robert Armstrong

18. BURIAL, CREMATION, OR REMOVAL
    Place: Frostburg; Date: Dec 17, 1934

19. UNDERTAKER
    J. E. Greenberg

20. FILED
    10/18/1934

If more blanks are needed, address State Registrar, 2411 N. Charles St., Baltimore, Requesting U. S. No. 4.
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>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
</tbody>
</table>

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

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

2. FULL NAME
   (a) Residence: No. 630 Elm St., 6-1 Ward.

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
      W
   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
      Single
   6. DATE OF BIRTH (month, day, and year): Dec 9-34
   7. AGE Years Months Days: 0 0 5

   OCCUPATION
   8. Trade, profession, or particular kind of work done: ---
   9. Industry or business in which work was done: ---
   10. Date deceased last worked at this occupation (month and year): ---

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: Dec. 13, 1934
   22. I HEREBY CERTIFY that I attended deceased from --- to ---
       I last saw him alive on ---, 1924
       I certify that death occurred on the date stated above, etc.
       The principal cause of death and related causes of importance were:
          (Specify)
           Industrial Construction
           Date of onset: Aug 7, 1924
           Date of death: Dec 9, 1934

       Other Contributory Causes of importance:

13. NAME: Bertram Hatley
   14. BIRTHPLACE (city or town) (State or country): Maryland
   15. MAIDEN NAME: Mary C. Hatley
   16. BIRTHPLACE (city or town) (State or country): Maryland
   17. INFORMANT (Address): Bertram Hatley
   18. BURIAL, CREMATION, OR REMOVAL
      Place and Date: Cumberland, Md.
      Date: Dec 13, 1934
   19. UNEARTAKER (Address): ---
   20. FILED: Dec 13, 1934, by ---

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

Other contributory causes of importance:

Gallstones | May 1, 1923 |

Example II

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Lockwood, Md.
   Length of residence in city or town where death occurred: 1 yr., 3 mos.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   No. St. Ward
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   George Calvert Beeman
   (Usual place of abode)
   Residence: Railroad St., Lonconary, St.
   Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M.

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED

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

6. DATE OF BIRTH (month, day, and year)
   Aug. 9, 1867

7. AGE
   Years: 70
   Months: 10
   Days: 13
   If LESS than 1 day, hrs. or min.

8. TRADE, PROFESSION, OR PARTICULAR
   kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   Grocery

9. INDUSTRY, OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, etc.
   State

10. Date deceased last worked at this occupation (month and year)
    Aug. 9, 1924

11. Total time (years) spent in this occupation
    14

12. BIRTHPLACE (city or town)
    Lonconary
    (State or county)

13. NAME
    Jacob Beeman

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

15. MAIDEN NAME
    Michaela Age

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

17. INFORMANT
    Howard Beeman
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Staunton, W. Va.
    Date: Dec. 5, 1934

19. UNDERTAKER
    S. B. Smith
    (Address)

20. FILED
    Dec. 13th, 1934
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Dec. 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Nov. 27th, 1934, to Dec. 1st, 1934, and have had the
    last sight of him or her on Dec. 1st, 1934; death is said
    to have occurred on the date stated above, at 5:15 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Influenza
    Date of onset: Dec. 25, 1934

    Other Contributory Causes of importance:
    pneumonia
    Date of onset: Nov. 27, 1934

    Name of operation:
    Date of:
    What test confirmed diagnosis?
    Was there an autopsy?
    23. If death was due to external causes (VIOLANCE) fill in also the following:
    Accident, suicide, or homicide:
    Date of injury:
    Where did injury occur?
    (Specify city or town, county and state)
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
    Manner of injury:
    Nature of Injury:
    24. Was disease or injury in any way related to occupation of deceased?
    If so, specify
    (Signed) M. J. Green
    M.D.
    (Address)

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

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

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

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

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

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

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

**Example I**

<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>

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

**Example II**

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

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

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Clear Spring MD
   Length of residence in city or town where death occurred: 14 yrs. 0 mos. 0 ds.

2. FULL NAME
   (a) Residence: No. 9
      (Usual place of abode)
   Howard Bennett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   January 11, 1866

7. AGE
   Years: 68
   Months: 11
   Days: 4

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

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

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)
    Pennsylvania

13. NAME
    Howard Bennett

14. BIRTHPLACE (city or town)
    (State or country)
    Clear Spring MD

15. MAIDEN NAME
    Muller

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

17. INFORMANT
    (Address)
    Clear Spring MD

18. BURIAL, CREMATION, OR REMOVAL
    Place: Clear Spring MD
    Date: Dec. 14, 1934

19. UNDERTAKER
    (Address)

20. FILED
    12/14/1934

21. DATE OF DEATH
    (Month) 12
    (Day) 14
    (Year) 1934

22. I HEREBY CERTIFY, That I attended deceased from
    I last saw him alive on Dec. 13, 1934; death is said to have occurred on the date stated above, at 7:30 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of Importance
    were as follows:
    Pneumonia
    Other Contributory Causes of importance:

    Date of onset: Dec. 14, 1934

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

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

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

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

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

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

Other contributory causes of importance:

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

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

## 1. PLACE OF DEATH
- **County:** Allegany
- **Village or City:** Cumberland

## 2. FULL NAME
- **Name:** Mary Smart Bom

## PERSONAL AND STATISTICAL PARTICULARS
- **Sex:** Female
- **Color or Race:** White
- **Single, Married, Widowed, or Divorced:** Widowed

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH
- **Month:** Dec
- **Day:** 11
- **Year:** 1934

### 22. I HEREBY CERTIFY
- That I attended deceased from
  - **Month:** Aug
  - **Day:** 1
  - **Year:** 1934
- I last saw h. r. alive on
  - **Month:** Dec
  - **Day:** 9
  - **Year:** 1934
- Death is said to have occurred on the date stated above at 1230 AM.

### 23. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- **Hypertension:** 1932
- **Atherosclerosis:** 1932
- **Chronic Nephritis:** 1932

### Other Contributory Causes of importance:
- **Pulmonary Edema:** 12-11-34

## 24. Was disease or injury in any way related to occupation of deceased?
- **Yes:** No

---

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>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: Allegany
   Village or City: Cumberland, Md
   Registration Dist. No.: 417 Central Ave
   (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: John W. Bowe
   (a) Residence: No. 417 Central Ave
   (Usual place of abode)
   Ward: 5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
   5a. If married, widowed, or divorced
      FAMILY RELATION of
      HUSBAND or (or) WIFE OF
      Margaret Bowe

4. COLOR OR RACE: White

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

6. DATE OF BIRTH (month, day, and year): Feb. 1, 1863

7. AGE: 71 yrs. 10 mos. 12 days

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

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): N.Y.

13. NAME: Unk

14. BIRTHPLACE (city or town):
    (State or country): Don't Know

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (city or town):
    (State or country): Unk
    Mrs. Samley Morris Cumberland, Md

17. INFORMANT:
    (Address): Cumberland, Md

18. BURIAL, CREMATION, OR REMOVAL
    Place: Oakland, Md
    Date: Dec. 16, 1934

19. UNOVERTAKER:
    (Address): John C. Wolford
    Cumberland, Md

20. FILE No.:
    Registrar:

21. DATE OF DEATH: Dec. 13, 1934, 1934

22. I HEREBY CERTIFY, that I attended deceased from Dec. 1, 1934, to Dec. 13, 1934

23. The principal cause of death and related causes of importance were as follows:
    Stenocardia, Hypertension

24. Other Contributory Causes of importance:
    Arteriosclerosis

25. Name of operation: None
    Date of: None

26. What test confirmed diagnosis?: Phyco Gram
    Was there an autopsy?: No

27. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?: No
    Date of injury: 19
    Where did injury occur?: INDUSTRY
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
    Manner of injury: None
    Nature of injury: None

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

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

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 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 of Allegany. Registration Dist. No. 46

Village or City: Hightstown. St., Ward. 

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female (white)

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

6. DATE OF BIRTH (month, day, and year) Oct 24, 1870

7. AGE
64 yrs. 1 mos. 15 days

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.

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

11. Total time (years) spent in this occupation 4.5 yrs.

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

13. NAME
Selma Wapichk

14. BIRTHPLACE (city or town) NOT KNOWN
(State or country)

15. MAIDEN NAME
Mathu Englebaker

16. BIRTHPLACE (city or town) NOT KNOWN
(State or country)

17. INFORMANT (Address)
Hermon Broadwater

18. BURIAL, CREMATION, OR REMOVAL
Place of burial: Laurel Hill. Date: Dec 17, 1934

19. UNDERTAKER
D. S. Brothwell

20. FILED Dec 17, 1934
Registrar.

MOTHER FATHER
Not known

OTHER CONTRIBUTORY CAUSES OF DEATH:

21. DATE OF DEATH
Dec 17, 1934

22. I HEREBY CERTIFY. That I attended deceased from Dec 13, 1934, to Dec 17, 1934.

I last saw her alive on Dec 16, 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:

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

Accident, suicide, or homicide? X Date of Injury Dec 17, 1934

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

MANNER OF INJURY

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

If so, specify

NATURE OF INJURY

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

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

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

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

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

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

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

Example I

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

Other contributory causes of importance:

Gallstones | May 1, 1928 |

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: Baltimore
   Village or City: Baltimore
   No. 216 Cassell St., 16 Ward
   Length of residence in city or town where death occurred: 45 yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 216 Cassell 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)
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

6. DATE OF DEATH (month, day, and year)
   Aug. 3, 1959

7. AGE: 77 yrs.

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

9. OCCUPATION: 0

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
    Nannie Harper

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

15. MAIDEN NAME
    Unknown

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

17. INFORMANT
    (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
    PLACE: 0
    DATE: 0

19. UNDERTAKER
    (ADDRESS)

20. FILED
    DEC. 27, 1959

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (MONTH) (DAY) (YEAR)

22. I HEREBY CERTIFY
    That I attended deceased from
    NOV. 10, 1934, to DEC. 12, 1934

    I last saw him alive on NOV. 10, 1934, and death was said to have occurred on the date stated above, at 00. 00. m.

    The principal cause of death and related causes of importance were as follows:
    Organic Nervous Disease
    Sudden Death

    Other Contributory Causes of Importance:
    (Specify)

    Name of operation:
    Date of:
    Nature of:
    Date of:
    Nature of:

    Manner of:

    Nature of:

    Manner of:

    Nature of:

    Manner of:

    Nature of:

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.

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

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.

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

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

**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>
<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>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**Additional Space for Further Statements by Physician**
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County Allegany
   Village or City Cumberland
   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. Bedford Rd.
   (usual place of abode)
   Ward Cumberland

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

5a. If married, widow or divorced
   HUSBAND OF or WIFE OF

6. DATE OF BIRTH (month, day, and year)
   12-1-1934

7. AGE Years Months Days
   88

6. DATE OF BIRTH (month, day, and year)
   12-1-1934

7. AGE Years Months Days
   88

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

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

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)
   Bed

13. NAME
   Engene Cassey

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

15. MAIDEN NAME
   Pearl J. Ross

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

17. INFORMANT
   Engene Cassey
   (Address)

18. BURIAL, CREMATION OR REMOVAL
   Place
   Date

19. UNDERTAKER
   (Address)

20. FILED
   Dec. 12, 1934

21. DATE OF DEATH
   Dec. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from
   19, to 19
   The principal cause of death and related causes of importance were as follows:
   Still Born

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)
   Nature of injury
   Manner of injury
   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)

Registrar

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

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

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

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

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

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

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Signature]
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Frostburg
   Registration Dist. No.: 4
   No. Allegany Hospital: 4
   Ward: 4
   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
   Pearl Josephine Carney
   (a) Residence: No. Bedford Rd., St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
4. COLOR OR RACE
   White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD)
   Divorced
5a. If married, widowed, or divorced
   HUSBAND OF
   Eugene Carney
6. DATE OF BIRTH (month, day, and year)
   Sept. 10, 1892
7. AGE
   Years: 42
   Months: 3
   Days: 6
   If Less than 1 day, ___ hrs., or ___ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Domestic Worker
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   Domestic Worker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Cumberland, Ind.
13. NAME
    Pearl Josephine Carney
14. BIRTHPLACE (city or town)
    Cumberland, Ind.
15. MAIDEN NAME
    Barbara Blair
16. BIRTHPLACE (city or town)
    Cumberland, Ind.
17. INFORMANT (Address)
    Mrs. Eugene Carney, Bedford Rd.
18. BURIAL, CREMATION, OR REMOVAL
    Place: No Other
    Date: Dec. 18, 1934
19. UNDERTAKER (Address)
    Consolino, Inc. (Address)
20. FILED
    Dec. 18, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Dec. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1934, to Dec. 16, 1934,
    I last saw him alive on Dec. 16, 1934; death is said
    to have occurred on the date stated above, at 2 P.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were, as follows:
    Demorrhage due toematous degeneration
    Date of onset
    Date of operation
    Name of operation
    Date of birth
    What test confirmed diagnosis?
    Was there an autopsy?

Other Contributory Causes of importance:
    Pregnancy
    Date of birth
    Name of patient
    Date of operation
    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) R. C. Barney
   M. D.

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

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

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

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

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

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

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

### Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</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: ALLEGANY
   Village or City: CUMBERLAND
   Registration Dist. No.: MEMORIAL HOSPITAL
   No.: St. 6
   Ward: d
   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: CLARK (CULBERT) CASSELL

(a) Residence: No. 712 MARYLAND AVENUE
   St., Ward.

   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   MALE

4. COLOR OR RACE
   WHITE

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

6. DATE OF BIRTH (month, day, and year)
   December 7, 1934

7. AGE
   Years: 60
   Months: 0
   Days: 0
   If LESS than 1 day, 7 hrs., or 0 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)
   MARYLAND

13. NAME
   GEORGE W. CASSELL

14. BIRTHPLACE (city or town)
   MARYLAND

15. MAIDEN NAME
   LAVINA ROOT

16. BIRTHPLACE (city or town)
   WEST VIRGINIA

17. INFORMANT
   MEMORIAL HOSPITAL
   CUMBERLAND, MD.

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

19. UNDERTAKER
   LONGSTREET, J.
   (Address)

20. FILED
   Dec. 8, 1934

21. DATE OF DEATH
   December 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    I test saw him alive on Dec. 7, 1934, death is said
to have occurred on the date stated above, at 8:45PM.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    
    "Pulmonary Atelectasis"

    Date of death: Dec. 8, 1934

23. Other Contributory Causes of importance:

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

    Name of operation:
    Date of:
    Where did injury occur?
    (Specify city or town, county and state)
    Specific 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?
    No

    If so, specify
    (Signed) Dr. E. B. Cassell, M.D.

Registrar.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</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>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | Gastroenteritis |

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Grantsville
   Length of residence in city or town where death occurred: yrs. mos. ds.
   Registration Dist. No.: 12
   No. St. Ward

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): Dec. 25-34
7. AGE
   Years Months Days
   If LESS than 1 day, hours, or min.

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

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

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

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

13. NAME: Harry J. Clarke
14. BIRTHPLACE (city or town)
   (State or country): Maryland
15. MAIDEN NAME: Antoinette Green
16. BIRTHPLACE (city or town)
   (State or country): Maryland

17. INFORMANT: Harry J. Clarke
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Piece: 19

19. UNDERTAKER
   (Address)

   Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) Dec. 25th (Day) 1935 (Year)

   I last saw deceased on Dec. 25th, 1935; death is said to have occurred on the date stated above, at 2 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Spontaneous Abortion

   Other Contributory Causes of importance:

   Name of operation:
   Date of:
   What test confirmed diagnosis?:
   Date of:
   Was there an amputation?:
   Where did injury occur?:
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:
   Manner of injury:
   Nature of injury:

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<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>Glass stones</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</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: Allegany
Village or City: Cumberland
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
(a) Residence: No. 518 Necessity St., 3 Ward.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
HUSBAND OF: Nora K. Beal
6. DATE OF BIRTH (month, day, and year): July 20, 1875
7. AGE: 59 years
8. Trade, profession, or particular kind of work done: Rubber Worker
9. Industry or business in which work was done: Kelly Rubber Co.
10. Data deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa.
13. NAME: Joseph Crawford
14. BIRTHPLACE (city or town) (State or country): Pa.
15. MAIDEN NAME: Hilda
16. BIRTHPLACE (city or town) (State or country): Pa.
17. INFORMANT: Nora Crawford
18. BURIAL, CREMATION, OR REMOVAL: Highland Cemetery... Date: Jan 31, 1936
19. UNDERTAKER: Company Stake
20. FILED: Dec 31, 1935

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: Dec 28, 1934

22. I HEREBY CERTIFY. That I attended deceased from Dec 27, 1934, to Dec 28, 1934 I last saw him alive on Dec 28, 1934 death is said to have occurred on the date stated above, at 10 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Other Contributory Causes of importance:

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

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

If so, specify:

If more blanks are needed, address State Registrar, 2417 N. Charles Street, Baltimore, Requesting U. S. No. 7.
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>Cause</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>Cause</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:** Allegany
- **Village or City:** Martinsburg
- **Registration Dist. No.:** 181
- **St., Ward:**

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

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. SEX <strong>Male</strong></td>
<td>21. DATE OF DEATH <strong>Dec. 22</strong></td>
</tr>
<tr>
<td>4. COLOR OR RACE <strong>White</strong></td>
<td>(Month) 1934</td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <strong>Widowed</strong></td>
<td>(Day) 1934</td>
</tr>
<tr>
<td>6a. If married, widowed, or divorced <strong>(OR) WIFE OF:</strong></td>
<td>(Year) 1934</td>
</tr>
<tr>
<td>6b. <strong>Sarah Jane Winebrenner</strong></td>
<td><strong>22. I HEREBY CERTIFY, That I attended deceased from</strong></td>
</tr>
<tr>
<td>6c. <strong>June 24, 1867</strong></td>
<td><strong>Dec. 21, 1934 to Dec. 22, 1934</strong></td>
</tr>
<tr>
<td>6d. <strong>12:30 p.m.</strong></td>
<td><strong>I last saw him alive on Dec. 21, 1934; death is said</strong></td>
</tr>
<tr>
<td>6e. <strong>May 9, 1930</strong></td>
<td><strong>to have occurred on the date stated above, at 7:48 P.M.</strong></td>
</tr>
<tr>
<td>6f. <strong>Total time (years) spent in this occupation:</strong></td>
<td><strong>The PRINCIPAL CAUSE OF DEATH and related causes of importance</strong></td>
</tr>
<tr>
<td>7. <strong>17</strong></td>
<td><strong>were as follows:</strong></td>
</tr>
<tr>
<td>7a. <strong>5</strong></td>
<td><strong>Chronic Nephritis</strong></td>
</tr>
<tr>
<td>7b. <strong>28</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>7c. <strong>If LESS than 1 day, ______ hrs., or ______ min.</strong></td>
<td><strong>Other Contributory Causes of importance:</strong></td>
</tr>
</tbody>
</table>

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

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

**10. Date deceased last worked at this occupation (month, day, year):**
- **May 9, 1930**

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

**12. BIRTHPLACE (city or town):**
- **Bedford County, Pennsylvania**

**13. NAME:**
- **Christopher Crawford**

**14. BIRTHPLACE (city or town):**
- **Unknown**

**15. MAIDEN NAME:**
- **Rebecca**

**16. BIRTHPLACE (city or town):**
- **Unknown**

**17. INFORMANT:**
- **Mrs. Elizabeth Crawford**

**18. BURIAL, CREMATION, OR REMOVAL:**
- **St. John's Cemetery, Dec. 25, 1934**

**19. UNDERTAKER:**
- **M. Stephen**

**20. FILED:**
- **Dec. 24, 1934**

**OTHER:**
- **Address:**

**If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

<table>
<thead>
<tr>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</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: Ellicott City
- Length of residence: 60 yrs.
- How long in U.S.: 60 yrs.

## 2. Full Name
- Name: Rebecca Critchfield

## 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>Female</td>
<td>White</td>
<td>Married</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5e. If married, widowed, or divorced, give Name of (or) Wife of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jesse H. Critchfield</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Date of Birth</th>
<th>7. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 10, 1847</td>
<td>92 yrs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homemaker</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Date deceased last worked at this occupation (month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1937</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Total time (years) spent in this occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

## Medical Certificate of Death

<table>
<thead>
<tr>
<th>21. Date of Death</th>
<th>22. I hereby certify, that I attended deceased from</th>
</tr>
</thead>
</table>

I test sew her to have occurred on Dec. 28, 1984, and death is said to have occurred on the date stated above, at 4:00 p.m., in the home of Jesse H. Critchfield, 60 years of age, and resident of Ellicott City, Allegany County, Maryland. The principal cause of death was CHRONIC HYPERANEMIA.

## Other Contributory Causes of Importance:
- CHRONIC HYPERANEMIA

## Cause of Death

- CHRONIC HYPERANEMIA

## Place of Burial
- Place: New Hill and Date: Jan. 5, 1937

## Undertaker
- Name: M. Stein, Inc.

## Filed
- Date: Dec. 3, 1935

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:

<table>
<thead>
<tr>
<th>Example 1</th>
<th>Example 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>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>1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: 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>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Oak Ridge
   Length of residence in city or town where death occurred: 2 yrs. 2 mos. 2 ds.
   Registration Dist. No. 1
   St., Ward: St., Ward

2. FULL NAME
   (a) Residence: No.
   (Usual place of abode)
   Personal and Statistical Particulars

   3. SEX
      Male

   4. COLOR OR RACE
      White

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

   6. DATE OF BIRTH (month, day, and year)
      1929-2-3

   7. AGE
      Years: 24
      Months: 2
      Days: 6
      If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year)
    1929-12-29

11. Total time (years) spent in this occupation

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

13. NAME
    Mother

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

15. MAIDEN NAME
    Unknown

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

17. INFORMANT
    Name
    Address
    Address

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Date

19. UNOCCURRER
    Name
    Address

20. FILED
    Date
    Registrar

21. DATE OF DEATH
    (Month) 19
    (Day) 19
    (Year) 1935

22. I HEREBY CERTIFY, That I attended deceased from
    Dec. 29, 1934, to Dec. 29, 1935,
    I last saw him alive on Dec. 29, 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:

Broudy pneumonia on 1934

Other Contributory Causes of importance

Broudy pneumonia on 1934

Name of operation

What last confirmed diagnosis? Date of

Was there an autopsy?

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

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

    Menner of injury
    Nature of injury

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

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

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

1. PLACE OF DEATH

County: Allegany
Village or City: Cumberland
Registration Dist. No. 3
No. 328 Hayett St., 1 Ward

Length of residence in city or town where death occurred: 11 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 328 Hayett St., 1 Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

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

Dec 28, 1864

7. AGE

65 yrs.

8. Trade, profession, or peculiar kind of work done, as SPINNER, SAWSER, 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)

South Wales

13. NAME

Walter Reese

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

South Wales

15. MAIDEN NAME


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

South Wales

17. INFORMANT

Hendelina Drager

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

J. J. Alstatt

20. FILED

Dec. 24, 1934

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting "U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1934, to Dec. 22, 1934. I last saw her alive on Dec. 22, 1934; death is said to have occurred on the date stated above, at 12:15 P.M.

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

Arteriosclerosis

Diabetes Mellitus

Cerebral Hemorrhage

Date of onset: 1931

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

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

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) Charleston M. Gardner

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

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

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

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

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

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

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

**Example I**

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

Other contributory causes of importance:

| Gallstones | May 1, 1928 |

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
- Male

4. COLOR OR RACE
- White

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

5a. If married, widowed, or divorced
- If married to
- If widowed
- If divorced

6. DATE OF BIRTH (month, day, and year)
- Dec. 27, 1934

7. AGE
- Years: 67
- Months: 0
- Days: 0
- If less than 1 day, hrs. or min.

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

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

10. Date daceased last worked at this occupation (month and year)
- Dec. 27, 1934

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

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

13. NAME
- George P. Darin

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

15. MAIDEN NAME
- Maudie Darin

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

17. INFORMANT
- Address:
- Redtown, Md.

18. BURIAL, CREMATION, OR REMOVAL
- Place:
- Spring Fed. Md.
- Date: Dec. 27, 1934

19. UNDERTAKER
- Address:
- Geo. P. Darin, attendant, Redtown, Md.

20. FILED
- Date: Dec. 27, 1934
- (Address)

21. DATE OF DEATH
- Dec. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from
- Dec. 7, 1934, to Dec. 27, 1934
- I last saw him alive on Dec. 19, 1934
- Death is said to have occurred on the date stated above, et.
- The principal cause of death and related causes of importance were as follows:
- Spilled blood

23. If death was due to external causes (VIOLENCE) fill in also the following:
- Accident, suicide, or homicide?
- Date of Injury: Dec. 27, 1934
- Where did injury occur?
- (Specify city or town, county and state)
- Specify whether injury occurred in INDUSTRY, at HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of decased?
- If so, specify:
- (Signad)
- 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, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbif conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

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

**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>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County Allegany
   Village or City Mangoniw (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 3 yrs 8 mos 8 ds. How long in U.S. or of foreign birth? yrs mos ds.

2. FULL NAME
   Dorothy May Dawson
   Residence: No.
   St., Ward.
   If nonresident give city or town and State of
   Place of birth: Japan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child (marital status)
   a. If married, widowed, or divorced
      HUSBAND of
      or WIFE of

6. DATE OF BIRTH (month, day, and year) March 27 1931
7. AGE Years 3
   Months 8
   Days 8
   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)

MOTHER

11. Total time (years) spent in this
    occupation

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

13. NAME Dorothy May Dawson

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

15. MAIDEN NAME Ida Susan Bligh

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

17. INFORMANT
    (Address) Ladora Dawson

18. BURIAL, CREMATION, OR REMOVAL
    Place of Burial or Date 6 Dec 1934

19. UNDERTAKER (Address) Ladora Dawson

20. FILED Dec 6 1934

Registration Dist. No. 8

21. DATE OF DEATH
   Month Nov
   Day 5
   Year 1934

22. I HEREBY CERTIFY. That I attended deceased from
    Nov 20 1934 to Dec 5 1934
    I last saw deceased alive on Nov 5 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:
   Date of onset Nov 20

   Other Contributory Causes of Importance:

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

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

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

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><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>Date of onset: 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: Allegany
   Village or City: Boonsboro
   No. 58 Douglas Ave
   Registration Dist. No.
   Length of residence in city or town where death occurred: 40 yrs.
   No.
   Ward: St. Ward
   If death occurred in a hospital or institution, give its NAME instead of street and number

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

6. DATE OF BIRTH (month, day, and year): Sept 13, 1853

7. AGE: 81 Years
   If LESS than 1 year, months, days.

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

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

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

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

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

13. NAME: John J. Michael

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

15. MAIDEN NAME: Elizabeth Wiley

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

17. INFORMANT: Lloyd Anstrut
   (Address: 58 Douglas Ave)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Lakeville
   Date: Dec 31, 1934

19. UNDERTAKER: Jacob Helene
   (Address: 58 Douglas Ave)

20. FILED: Dec 31, 1934

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
   Dec 29, 1934, to Dec 29, 1934.

   I last saw him alive on Dec 29, 1934; death is said to have occurred on the date stated above, at 4:30 p.m.

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

   

   Other Contributory Causes of importance:


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

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

   Manner of injury
   Nature of Injury

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

   (Signed) Henry M. Helene
   (Address) 58 Douglas Ave

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County Allegany
   Village or City Frederick
   Length of residence in city or town where death occurred yrs.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. 11.
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

   SEX
   Male

   COLOR OR RACE
   Cal.

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

   6. DATE OF BIRTH (month, day, and year) Dec 10, 1934
   7. AGE Years
   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
   (Address)
   18. BURIAL, CREMATION, OR REMAIN
   Place Frederick
   19. UNDERTAKER
   (Address)
   20. FILED 12/10/1934

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
   (Month) 12
   (Day) 10
   (Year) 1934

   22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1934, to Dec 10, 1934.
   I last saw him alive on Dec 10, 1934, and his death is said to have occurred on the date stated above, at 7:00 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Premature Birth

   Other Contributory Causes of Importance:

   Name of operation.
   Date of operation.
   What test confirmed diagnosis?
   Date of last test.
   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.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morb'd 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>Death</th>
<th>Date of Onset</th>
<th>Other Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<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>Death</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: Allegany
   Village or City: Frostburg
   Registration Dist. No.: 9
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 15, Main St., 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): Dec. 10, 1894

7. AGE Years: 60
   Months: 1
   Days: 2

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: Dec. 10, 1934

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

13. NAME: Robert, Early

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

15. MAIDEN NAME: Jennie, Early

16. BIRTHPLACE (city or town): Frostburg, Md.
   (State or country)

17. INFORMANT: Robert, Early
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Frostburg
   Date: 12/10/1934

19. UNDERTAKER: A.R. Adkins
   (Address)

20. FILED: 12/10, 1934

MEDICAL CERTIFICATE OF DEATH

   (Day): 10
   (Year): 1934

22. I HEREBY CERTIFY: That I attended deceased from Dec. 10, 1934, to Dec. 10, 1934, and that death is said to have occurred on the date stated above, at 10 a.m.

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

   Other Contributory Causes of Importance:
   [Signature]

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: 12/10/34
   Where did injury occur? (Specify city, town, county and State)

Manner of injury:
Nature of Injury:

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

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:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND: CERTIFICATE OF DEATH

1. PLACE OF DEATH
- County: Allegany
- Village or City: Easton
- Registration Dist. No.: 4
- State: Maryland
- City Limits: Long Ind
- Ward: Long 3nd
- Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
- (a) Residence: No...
- St., Ward: Long Ind
- If nonresidents give city or town and State: Long Ind
- Personal and Statistical Particulars

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>W</td>
</tr>
</tbody>
</table>

3. DATE OF DEATH
- Dec. 13, 1981

4. DATE OF BIRTH
- Dec. 13, 1881

5. OCCUPATION
- None

6. BIRTHPLACE
- (city or town): Long Ind
- (State or country): Maryland

7. MOTHER FATHER
- Name: Eda Easton
- Maiden Name: Carrie Jenkins

8. UNDERTAKER
- Name: C. Easton

9. BURIAL, CREMATION, OR REMOVAL
- Place: Dec. 13, 1981

10. MEDICAL CERTIFICATE OF DEATH
- Date of onset: None
- Other Contributory Causes of importance:
- Manner of Injury
- Nature of injury

11. Other Contributory Causes of importance:
- Maternal Feud 3 weeks before birth of child

12. MATERNITY HISTORY
- Name of operation: None
- Date of: No

13. Date of Death
- Dec. 13, 1981

14. Date of Birth
- Dec. 13, 1881

15. Date of Entry into Público
- None

16. Date of Exit from Público
- None

17. Date of Final Disposition
- None

18. Date of Death
- Dec. 13, 1981

19. Date of Birth
- Dec. 13, 1881

20. FILE
- Date: Dec. 13, 1981

Registrar: C. Easton

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

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

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

1. PLACE OF DEATH

County: Allegany
Village or City: Longneving

2. FULL NAME:

Elkins

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH

Dec. 22

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

Dec. 22 and 3rd

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

7. AGE

Years

Months

Days

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Longneving

13. NAME

Arthur Melton Elkins

14. BIRTHPLACE (city or town)

Longneving

15. MAIDEN NAME

Alice Ruby Morgan

16. BIRTHPLACE (city or town)

Longneving

17. INFORMANT

Arthur Elkins

18. BURIAL, CREMATION, OR REMOVAL

Park Hill Cemetery

19. UNDERTAKER

Dr. E. L. Dougherty

20. FILED

Dec. 22 30

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 7.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</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>

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

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th></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: 
   - Registration Dist. No.
   - Registration Dist. No.
   - Length of residence in city or town where death occurred: 73 yrs. 6 mos. 0 ds.
   - How long in U.S. if of foreign birth?

2. **FULL NAME**
   - Vincent Engle

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. SEX</strong></td>
</tr>
<tr>
<td><strong>4. COLOR OR RACE</strong></td>
</tr>
<tr>
<td><strong>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</strong></td>
</tr>
<tr>
<td><strong>5a. If married, widowed, or divorced</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>21. DATE OF DEATH</strong></td>
</tr>
</tbody>
</table>

22. I HEREBY CERTIFY that I attended deceased from 12/23/1934 to 12/24/1934. I last saw him alive on 12/24/1934. He had been ill for 47 days. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

- Chronic Myocarditis
- Pyelitis secondary to enlarged prostate

Other Contributory Causes of importance:

<table>
<thead>
<tr>
<th>Name of operation</th>
<th>Date of</th>
<th>What test confirmed diagnosis?</th>
<th>Was there an autopsy?</th>
</tr>
</thead>
</table>

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

- Accident, suicide, or homicide? | Date of injury |
- Where did injury occur? | (Specify city or town, county, and State) |

Manner of injury

Nature of injury

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

If so, specify

**Registrar**

<table>
<thead>
<tr>
<th>Address</th>
<th>M.D.</th>
</tr>
</thead>
</table>

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

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: St. Savage
   Registration Dist. No.: 10

2. FULL NAME: Anna Mary Agnelia Farrell
   (a) Residence: No. Schuylkill Hill

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): Aug 20, 1877
7. AGE: 74

8. Trade, profession, or particular
   OCCUPATION: House Work
   kind of work done: At Home

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): Dec 18, 1934

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

21. DATE OF DEATH: Dec 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Dec 18, 1934, to Dec 19, 1934
    I last saw him alive on Dec 18, 1934; death is said
    to have occurred on the date stated above, as 20 km.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:

    Name of operation: Cerebral Hemorrhage
    Date of onset: Aug 15, 1934
    Other Contributory Causes of importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide? 
    Data of injury: 19
    Where did injury occur? 
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

    Manner of injury:
    Nature of Injury:

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

If 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 house work, 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>
<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: Allegany
Village or City: Cumberland, Md

2. FULL NAME
EUna. Fisher

3. SEX
Female

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR UNMARRIED
Widow

6. DATE OF BIRTH
Nov. 24, 1852

7. AGE
82. 1

8. OCCUPATION
At Home

9. If married, widowed, or divorced
HUSBAND OF

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
Pa

13. NAME
Jasih. Smith

14. BIRTHPLACE (city or town)
Pa

15. MAIDEN NAME
Rebecca. Cessna

16. BIRTHPLACE (city or town)
Pa

17. INFORMANT
Mrs Harry Fisher

18. BURIAL, CREMATION, OR REMOVAL
Cumberland, Md
Dec. 27, 1934

19. UNDERTAKER
John C. Wolford

20. FILED
Dec. 29, 1934

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
Dec. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Dec. 24, 1934, and no other cause of death was observed. Death is said to have occurred on the date stated above, at 7 p.m.

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

Chronic Inflammation
1931

Other Contributory Causes of importance:

Name of operation

Date of operation

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

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

If so, specify

(Signed)

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

Other contributory causes of importance:

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

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County Allegany
   Village or City Cumberland, Md
   Registration Dist. No.
   Frost Ave
   (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 Frederick Frost
   (a) Residence: No. Frost Ave St., 5 Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) Sept 5, 1848

7. AGE Years Months Days
   If LESS than 1 day,.... hrs.
   or.... min.
   86 3 18

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME Michal Frost
   (State or country)

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

15. MAIDEN NAME Don Know
   (State or country)

16. BIRTHPLACE (city or town) Don't Know
   (State or country)

17. INFORMANT (Address) Isabell Frost
   Cumberland, Md

18. BURIAL, CREMATION, OR REMOVAL
   Place Gilmour Mount
   Date Dec 26, 1934

19. Undertaker (Address) John C. Wolford
   Cumberland, Md

20. FILED Dec 24, 1934

21. DATE OF DEATH Dec 23, 1934
   (Month) 1 (Day) 1934 (Year)

22. I HEREBY CERTIFY That I attended deceased from Dec 1, 1934 to Dec 23, 1934
   I last saw him alive on Dec 19, 1934; death is said to have occurred on the date stated above, at 8:15 P.M.

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

   Date of onset

Other Contributory Causes of importance:

   Date of onset

Name of operation

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 whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? No
   If so, specify
   (Signed)
   M.D.
   (Address)

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

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, 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, dysentery, 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></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No. 7
   Hospital: Allegany Hospital, 401 E. Cumberland St., 4 Ward
   Length of residence in city or town where death occurred: 3 yrs., 10 mos., 17 days
   Ward: 5

2. FULL NAME
   (a) Residence: No. 123 Harrison St., 5 Ward.
   Jacob R. Funk
   If nonresident give city or town and State.
   (Usual place of abode)

3. PERSONAL AND STATISTICAL PARTICULARS
   3a. Sex: Male
   4. Color or Race: White
   5. Single, Married, Widowed, or Divorced (write the word): Married
   If married, widowed, or divorced: Wife of Beno Funk

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

7. AGE
   Years: 56
   Months: 
   Days: 
   If less then 1 day, hours, or minutes.

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

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)
    Dec. 18, 19

11. Total time (years) spent in this occupation: 28 yrs.

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

13. NAME
    Lewis Funk

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

15. MAIDEN NAME
    Juliana Stockinger

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

17. INFORMANT
    Edgar Funk
    Address: Cumberland, Allegany

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cumberland, Allegany
    Date: Dec. 24, 1934

19. UNDERTAKER
    (Address)
    (Signed)

20. FILED
    Dec. 29, 1934

21. DATE OF DEATH
    (Month) (Day) (Year)
    12 28

22. I HEREBY CERTIFY that I attended deceased from... 19... to... 19...
    I last saw him alive on... 19...; death is said
    to have occurred on the date stated above, et... 19...
    The principal cause of death and related causes of importance
    were as follows:
    Coronary Thrombosis

Other Contributory Causes of importance:

Name of operation: 
Date of:

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

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

Manner of injury:

Nature of injury:

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</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>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County Allegany
   Village or City Cumberland
   No. 46 Bedford St., 2 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. 46 73 St.
   St., 2 Ward.
   (Place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF DEATH (month, day, and year)
   Dec. 26, 1934

7. DATE OF BIRTH (month, day, and year)
   Dec. 26, 1934

8. AGE (years, months, and days)

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Cumberland, Ind.

13. NAME
   John E. Stillman

14. FATHER
   Charles Stillman

15. MAIDEN NAME
   Margaret Kotnik

16. MOTHER
   Margaret Kotnik

17. INFORMANT
   John Stillman

18. BURIAL, CREMATION, OR REMOVAL
   Place of Burial, Cremation, or Removal
   Date

19. UNDERTAKER
   Cuneo, Inc.

20. FILED
   Dec. 27, 1934

REGISTRATION DIST. No. 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Dec. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from
   Dec. 26, to
   I last saw deceased alive on
   Dec. 26, 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:

   Signature

Other Contributory Causes of importance:

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<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>Date of onset 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset May 1, 1923</td>
</tr>
<tr>
<td>Gastroenteritis</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: ALLEGANY
   Village or City: CUMBERLAND, MD.
   Registration Dist. No.: 6
   Within Corporate Limits: MEMORIAL HOSPITAL
   Length of residence in city or town where death occurred: yrs. mos. hrs.
   If death occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME
   (a) Residence: No. MULLEN ST., MAPLESID, MD.
   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)
   INFANT

6. DATE OF BIRTH (month, day, and year)
   DEC. 23, 1934

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

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   CUMBERLAND, MD.

13. NAME
   PHILLIP GORDON

14. BIRTHPLACE (city or town)
   MARYLAND

15. MAIDEN NAME
   NORMA LANCASTER

16. BIRTHPLACE (city or town)
   MARYLAND

17. INFORMANT
   CUMBERLAND, MD.
   MEMORIAL HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
   Place: CUMBERLAND, MD.
   Date: Dec. 24, 1934

19. UNDERTAKER
   (Address)

20. FILED
   M. D.

21. DATE OF DEATH
   DECEMBER 24, 1934

    I last saw her alive on Dec. 24, 1934, death is said to have occurred on the date stated above at 1:25 a.m.
    The principal cause of death and related causes of importance were as follows:
    Prematurity

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

1. PLACE OF DEATH
   County Allegany
   Village or City Uniontown
   Length of residence in city or town where death occurred 63 yrs. mos. ds.

2. FULL NAME
   Solomon Bass
   (a) Residence: No. 428 E. Mechanic St., 2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   Month 3
   Day 1871

7. AGE
   Years 63

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   Isaac Bass

14. BIRTHPLACE (city or town)
   Germany

15. MAIDEN NAME
   Jeanette Puglisi

16. BIRTHPLACE (city or town)
   Germany

17. INFORMANT
   Emanuel Bass

18. BURIAL, CREMATION, OR REMOVAL
   Place: New Union, SD
   Date: 1-1-52

19. UNDERTAKER
   No

20. FILED
   Dec. 5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Dec. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1934, to Nov. 21, 1934.

I last saw him alive on Nov. 21, 1934; death is said to have occurred on the date stated above, at 3:40 P.M.

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

Acute Inflammation

Other Contributory Causes of importance:

Respiratory Tuberculosis

Name of operation

What test confirmed diagnosis? X-ray

Was there an autopsy? No

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

Accident, suicide, or homicide? No

Date of Injury

Where did injury occur?

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

Manner of injury

Nature of injury

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

If so, specify

(Signed)

Registrar

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

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

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</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: Allegany
Village or City: Cumberland
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

Male

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

6. DATE OF BIRTH (month, day, and year)
Dec-4, 1934

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) (State or country)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED

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

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

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

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

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

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

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

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

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

1. PLACE OF DEATH

County Allegany
Village or City Emma Mccandless
Length of residence in city or town where death occurred: 49 yrs. mos. ds.
How long in U.S. or of foreign birth?: yys. mos. ds.

2. FULL NAME

(a) Residence: No. 425 Fayette St., Ward. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

3. DATE OF BIRTH

Oct 5, 1885

4. AGE AT DEATH

49 years 2 months

5. OCCUPATION

Ratmash

6. DATE OF DEATH

Dec 24, 1934

7. MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY

That I attended deceased from Dec 24, 1934, to Dec 24, 1934.
I last saw him on Dec 24, 1934; death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

8. NAME

Sebastian Hammarsmith

9. BIRTHPLACE

Cumberland, Ind.

10. OTHER IMPORTANT FACTS

Exposed to cold weather

11. DATE OF OCCURRENCE

Dec 24, 1934

12. DATE OF DEATH

Dec 24, 1934

13. FATHER

Joseph Schneiders

14. BIRTHPLACE

Germany

15. MAIDEN NAME

Mary Schneiders

16. BIRTHPLACE

Germany

17. INFORMANT

Sebastian Hammarsmith

18. BURIAL, CREMATION, OR REMOVAL

Cumberland

19. UNDERTAKER

Lange & Steinbrecher

20. FILED

Dec 26, 1934

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County Allegany
   Village or City Cumberland
   (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: 25 yrs. mos. ds
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 126 Grand Ave. St. 6-2 Ward.

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   Oct. 1, 1870

7. AGE
   Years: 64
   Months: 8
   Days: 4
   If LESS than 1 day, date....hrs. or....min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWTER, BOOKKEEPER, etc.
   Landlord/Cottage Retired

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)
    Aug. 1, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Terra Alta, W.Va.

13. NAME
    John A. Hanger

14. BIRTHPLACE (city or town)
    Terra Alta, W.Va.

15. MAIDEN NAME
    Elizabeth A. Ervin

16. BIRTHPLACE (city or town)
    Terra Alta, W.Va.

17. INFORMANT
    (Address)
    John A. Hanger

18. BURIAL, CREMATION, OR REMOVAL
    Place: Long Island
    Date: Dec. 7, 1934

19. UNDERTAKER
    (Address)
    Long Island

20. FILED
    Dec. 18, 1934

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
    Jan. 15, 1934, to Dec. 5, 1934, and I last saw him alive on Dec. 5, 1934, and death is said
    to have occurred on the date stated above, at 10:20 A.M.

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

    Date of onset: 1926

    Other Contributory Causes of Importance
    Scurvy

    Date of onset: 1924

    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)

    Nature of injury
    Manner of injury
    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?

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

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Example II**

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

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland (No street or number given)
   Length of residence in city or town where death occurred: 79 yrs.

2. FULL NAME
   George Holzer
   Residence: No. 509, Parkside St., 3 Ward

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Aug 10, 1855

7. AGE
   Years: 79
   Months: 4
   Days: 8

8. OCCUPATION
   Retired

9. DATE OF DEATH (Month, Day, Year)
   Dec 17, 1934

10. PLACE OF BIRTH (city or town)
    Maryland

11. NAME
    Anthony Holzer

12. MOTHER
    Friederika

13. FATHER
    Johann Holzer

14. BIRTHPLACE (city or town)
    Germany

15. MAIDEN NAME
    Friederika

16. BIRTHPLACE (city or town)
    Germany

17. INFORMANT
    Erwin Holzer

18. BURIAL, CREMATION, OR REMOVAL
    Officiated by: Dr. Peter Orland, Date: Dec 17, 1934

19. UNDERTAKER
    Stenger & Son

20. FILED
    Dec 21, 1934

21. MEDICAL CERTIFICATE OF DEATH
   I HEREBY CERTIFY that I attended deceased from Oct 10, 1934, to Dec 17, 1934.
   I last saw him alive on Dec 17, 1934; death is said to have occurred on the date stated above, at 10:00 AM.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Endocarditis, Chronic Angina Pectoris

   Other Contributory Causes of importance:
   Suppurative Cellulitis

   Name of disease: Endocarditis
   Date of operation: Dec 17, 1934
   What test confirmed diagnosis: Medical
   Was there an autopsy? Yes

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>July 6, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County: Allegany
Village or City: Ellicott City, Md.
Registration Dist. No.: 9
No. St., Ward: 

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

2. FULL NAME

Abelion (Kwik) Humberston
(a) Residence: No. 1041, Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Abelion

4. COLOR OR RACE
White

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

6. DATE OF BIRTH (month, day, and year)
12-29-34

7. AGE
Years: 
Months: 
Days: 

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
Irvin Humberston

14. BIRTHPLACE (city or town)
Oakland, Md.

15. MAIDEN NAME
Hannah Rizer

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL
Place: Ellicott City, Date: 12-29-34

19. UNDERTAKER
S. Humberston

20. FILED
1934 A. R. Walker

21. DATE OF DEATH
12-29-34

22. I HEREBY CERTIFY
That I attended deceased from

Abelion

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

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

If so, specify

If nonresident give city or town and State

Other Contributory Causes of importance:

Name of operation...

What test confirmed diagnosis...

Was there an autopsy...

Date of...

Manner of injury...

Nature of injury...

22. I HEREBY CERTIFY, That I attended deceased from

Abelion

I last saw him...

Abelion

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...

What test confirmed diagnosis...

Was there an autopsy...

Date of...

Manner of injury...

Nature of injury...

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>Run over by street car</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1933</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Briton, Mild
   Registration Dist. No.: 182
   St., 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. (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

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

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

   6. DATE OF BIRTH (month, day, and year): Mar. 4, 1852

   7. AGE: 82 yrs. 9 mos. 1 day

   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. OCCUPATION:

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

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

13. NAME: Hynce, Nye

14. BIRTHPLACE (city or town): Grant, Va.
   (State or country):

15. MAIDEN NAME:

16. BIRTHPLACE (city or town): Grant, Va.
   (State or country):

17. INFORMANT (Address):

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Cumberland
      Date: 17901
      Undertaker: M. D.

19. UNDERTAKER (Address):

20. FILED: 19301

   Registration:

   If nonresident give city or town and State:

   MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Dec. 29, 1930
   (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Nov. 15, 1934, to Dec. 29, 1934.

   I last saw be— alive on Nov. 15, 1934, at 12 m. (?)

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

   Other Contributory Cause(s) of importance:

   Name of operation:

   Date of:

   What test confirmed diagnosis:

   Date of:

   Was there an autopsy:

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

      Accident, suicide, or homicide:

      Date of injury:

      Where did injury occur:

      (Specify city or town, county and State)

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

      Manner of injury:

      Nature of injury:

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

         If so, specify

         (Signed):

         (Address):

         Cumberland, 1930

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, 1928</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>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegheny
   Registration Dist. No.: 4
   Village or City: Munhall
   No. 518 Washington St., 1 Ward
   Village or City: Munhall
   Village or City: Munhall
   (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: Caroline G. Jones
   (a) Residence: No. 518 Washington St., 1 Ward
   (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 (write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

6. DATE OF BIRTH (month, day, and year): Aug 27, 1858

7. AGE: Years 76 Months 3 Days 20
     If LESS than 1 day, _______ hrs. or _______ min.

8. TRADE, PROFESSION, OR PARTICULAR kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.:
   House duty

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 and year):

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

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

13. NAME: Caroline G. Jones

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

15. MAIDEN NAME: Caroline Jones

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

17. INFORMANT: Stanley M. Jones
   Address: No. 518 Washington St.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Wheeling
   Date: Dec. 18, 1924

19. UNDERTAKER: J. S. Butler
   Address: 110 W. Liberty St.

20. FILED: Dec. 18, 1924

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Dec. 17, 1924

22. I HEREBY CERTIFY That I attended deceased from Dec. 7, 1924, to Dec. 17, 1924.

I last saw her alive on Dec. 15, 1924; death is said to have occurred on the date stated above, at _______ m.

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

- Myocardial failure
- Chronic nephritis

Date of onset: 1920

Other Contributory Causes of importance:

- Bronchial asthma
- Chronic emphysema

Name of operation: None

Date of: None

What test confirmed diagnosis: Clinical

Was there an autopsy? No.

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

- Accident, suicide, or homicide?
- Data of Injury
- Where did injury occur?
- Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury:

Nature of injury:

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

If so, specify:

ADDRESS:

(Signed) Dr. E. W. Jones
M.D.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

### Example I

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

### Example II

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

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

## 1. PLACE OF DEATH

- **County:** Allegany
- **Village or City:** Cumberland
- **Registration Dist. No.:** 2
- **St., Ward:** 216 Seymour St., 6
- **street and number:**


## 2. FULL NAME

- **Byron Meridith Tingle**
- **Residence:** 216 Seymour St., 6

## PERSONAL AND STATISTICAL PARTICULARS

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

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

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH</th>
<th>MAY 21, 1910</th>
</tr>
</thead>
</table>

7. AGE | Years | Months | Days | If LESS than 1 day, ________ hours or ________ minutes |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>7</td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, ROLLING MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year) 12/4/34

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

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH | Dec. 29, 1934 |

22. I HEREBY CERTIFY that I attended deceased from Dec. 29, 1934, to Dec. 29, 1934. I last saw him alive on Dec. 29, 1934; death is said to have occurred on the date stated above, at 4:45 a.m.

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

N. H. Sheehan, M.D., Dec. 29, 1934

Other Contributory Causes of importance:

- Heart Failure

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

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

- Accident, suicide, or homicide? Date of injury? 19
- Where did injury occur? (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:

(Related)

(address) 41 E. Charles St., M.D.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U.S. No. 3.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>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></td>
<td>Date of onset 1916</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>Date of onset July 5, 1927</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>Date of onset May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland Md.
   Registration Dist. No.: Memorial Hospital St., - 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. 932 Maryland Ave., City.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Wk.

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

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

7. AGE
   Stillborn

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)
    Cumberland, Md.
    State or country

13. NAME
    Knippenberg, Richard

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

15. MAIDEN NAME
    Lafferty, Virginia

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

17. INFORMANT
    Memorial Hospital
    Cumberland Md.
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: HILL CREST
    Date: Dec. 7, 19

19. UNDERTAKER
    L. W. Fosfor (Address)

20. FILED
    Dec. 7, 19
    Register.

21. DATE OF DEATH
    December 6, 1934

22. I HEREBY CERTIFY, that I attended decedent from
    Dec. 6, 1934, to Dec. 6, 1934
    I last saw him alive on
    Dec. 6, 1934
    Death is said to have occurred on the date stated above, at
    9:45 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

    (Medical Cause)

    Other Contributory Causes of Importance:

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

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

Dr. Murray

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>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</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Rawlings, Route No. 3
   Length of residence in city or town where death occurred: 15 yrs., 1 mos.

2. FULL NAME
   First Name: Viola
   Last Name: Bobetta Lancaster
   Residence: No. 3
   St., Rawlings, Route No. 3

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   Jan 28, 1901

7. AGE
   Years: 3
   Months: 10
   Days: 4
   If LESS than 1 day...: 1 hr.

8. OCCUPATION
   Spinner, sawyer, bookkeeper, etc.

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Silk Mill, saw mill, bank, etc.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    (Month end year)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

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

13. NAME
    Edward Lancaster

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

15. MAIDEN NAME
    Detta Flanagen

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

17. INFORMANT
    Edward Lancaster
    Route No. 3

18. BURIAL, CREMATION, OR REMOVAL
    Place: Maple Lawn
    Date: Dec 4, 1934

19. UNDERTAKER
    Lonnie Stein Inc.
    20. FILE
    Dec 3, 1934

21. DATE OF DEATH
    Dec 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    Dec 1, 1934, to Dec 2, 1934.
    I last saw deceased alive on Dec 1, 1934.
    Death is said to have occurred on the date stated above, at 12 m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Pneumonia
    Double Lobar Pneumonia

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 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 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>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>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Gallstones</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>Moy 1, 1923</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

### Registration Dist. No. 10

<table>
<thead>
<tr>
<th>St.</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Place of Death

- **County**: Allegany

### Village or City

- **No.**: 2nd Savage

### Full Name

- **Name**: Norsco Losley

## PERSONAL AND STATISTICAL PARTICULARS

### Sex

- **Sex**: M
- **Race**: W
- **Marital Status**: Widowed

### Date of Birth

- **Month**: Feb
- **Day**: 17
- **Year**: 1854

### Age

- **Duration**: 90 yrs. 9 mos. 26 days or 0 min.

### Occupation

- **Trade or Profession**: None
- **Kind of Work**: Work

### Birthplace

- **State or Country**: Bedford Co. Penna.

### Parents

- **Name of Father**: Jeremiah Roberts
- **Birthplace of Father**: Allegany Co. Md.
- **Maiden Name of Mother**: Frances Roberts
- **Birthplace of Mother**: Allegany Co. Md.

### Medical Certificate of Death

- **Date of Death**: Dec 13, 1934
- **Place of Death**: 2nd Savage, Allegany Co. Md.
- **Father**: Jeremiah Roberts
- **Mother**: Frances Roberts
- **Witness**: J. J. Durand

### Cause of Death

- **Cause of Death**: Bronchitis

### Length of Residence

- **Address**: 2nd Savage Rd.
- **Date of Burial**: Dec 16, 1934

---

If more blanks are needed, address State Registrar, 16 W. Stratford St., Balto., requesting V. S. No. 1.
American Medical Association

Statement of Cause of Death—Place of Birth—Name, Age, Sex

(First Name) (Last Name) (Middle Initial)

Certificate of Death

Revised United States Standard

Approved by U.S. Census and American Public Health Association

[Stamp: Bureau of Vital Statistics]
# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: West Friendship
   - Registration Dist. No.: 6
   - Registration No.: Krea
   - Ward:
   - Length of residence in city or town where death occurred: 6 yrs. 6 mos. 6 ds.
   - How long in U.S. or if foreign birth: yrs. mos. ds.

2. **FULL NAME**
   - Calvin Robert Sayhut
   - (a) Residence: No.
   - (Usual place of abode)
   - Ward:
   - If nonresident give city or town and State:

## PERSONAL AND STATISTICAL PARTICULARS

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

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

6. **DATE OF BIRTH** (month, day, and year):
   - June 26, 1917

7. **AGE**
   - Years: 6
   - Months: 5
   - Days: 6

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

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):
    - July, 1944

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

12. **BIRTHPLACE (city or town)**:
    - West Friendship
    - (State or country): MD

13. **NAME**
    - Henry Sayhut

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

15. **MAIDEN NAME**
    - Mary Parker

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

17. **INFORMANT**
    - Address:

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place:
    - Date:

19. **UNDERTAKER**
    - Address:

20. **FILED**
    - Date: Dec. 4, 1934

## MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
    - (Month) 2
    - (Day) 193
    - (Year) 4

22. **I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1944, to Dec. 2, 1934.**

23. **I last saw deceased alive on Dec. 2, 1934.**

24. **Death is said to have occurred on the date stated above, at 3:30 P.M.**

25. **The principal cause of death and related causes of importance were as follows:**
   - Bronchial pneumonia

26. **Date of onset:**
   - Dec. 4, 1934

27. **Other Contributory Causes of Importance:**
   - Cancer

28. **Other Contributory Causes of Importance:**
   - None

29. **OTHER FACTORS TO BE SPECIFIED:**
   - None

30. **Name of operation:**
    - None

31. **Date of operation:**

32. **What test confirmed diagnosis:**
    - None

33. **Was there an autopsy:**
    - None

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

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

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

37. **Manner of injury:**

38. **Nature of injury:**

39. **Was disease or injury in any way related to occupation of deceased:**
   - Nature of injury:

40. **If so, specify:**
   - (Signed):
   - (Address):
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance</strong> were as follows:</td>
<td><strong>The principal cause of death and related causes of importance</strong> were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<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: 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**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: Allegany
   Village or City: Cumberland, Md
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 7 Harrison St, St. J. Ward

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widow
   HUSBAND OF: Mary E. Leasure

6. DATE OF BIRTH (month, day, and year)
   July 17, 1845

7. AGE
   Years: 89
   Months: 5
   Days: 23
   If LESS than 1 day, hours or minutes:

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

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)
   Md

13. NAME
   John H. Leasure Sr

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

15. MAIDEN NAME
   Cassandra Zimmerman

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

17. INFORMANT
   (Address)
   Cromwell Leasure

18. BURIAL, CREMATION, OR REMOVAL
   Place: Centenary
   Date: Dec 19, 1934

19. UNDERTAKER
   (Address)
   John C. Wolford

20. FILED
   (Address)
   Dec 19, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Dec. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from
   Dec. 8, 1934, to Dec. 16, 1934
   I last saw her alive on Dec. 15, 1934, death is said to have occurred on the date stated above, at
   Date of onset
   Date of death

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

   Other Contributory Causes of importance:
   Scleroderma

   Name of operation
   Date of
   What test confirmed diagnosis?
   Wasp Sting

   Was there an autopsy? Yes

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

   Manner of injury
   Nature of injury

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

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>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: Allegany
   Village or City: Cumberland
   Length of residence in city or town where death occurred: 15 yrs.

2. FULL NAME
   (a) Residence: No. 718 Hilltop Drive, Cumberland

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   April 1882

7. AGE
   52

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. Date deceased last worked at this occupation (month and year)
    None

11. Total time (years) spent in this occupation
    None

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

13. NAME
    Mary F. Ersson

14. BIRTHPLACE (city or town)
    V. Va.

15. MAIDEN NAME
    Mary Gress

16. BIRTHPLACE (city or town)
    V. Va.

17. INFORMANT (Address)
    Geo. H. Connell

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Date
    12-20, 1934

19. UNDERTAKER (Address)
    Geo. Steinbeck

20. Date of Death
    Dec. 28, 1934

21. DATE OF DEATH
    (Month) Dec.
    (Day) 28
    (Year) 1934

22. I HEREBY CERTIFY
    That I attended deceased from
    Aug. 16, 1924, to Dec. 28, 1934, death is said
    to have occurred on the date stated above, at 12:00 a.m.

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

Artistic Adenoma

Other Contributory Causes of Importance:

Cerebral Apoplexy

Name of operation

What test confirmed diagnosis?

Date of

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

Accident, suicide, or homicide? No

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

REGISTER

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>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>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: Frostburg, Md.

2. **FULL NAME**
   - Baby Boy Martin (Stillborn)
     - Residence: No. 737 E. Main St.

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - 12-24-34

7. **AGE**
   - Stillborn

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 OCCUPATION**

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

12. **BIRTHPLACE**
   - City or Town: Frostburg, Md.

13. **NAME**
    - Henry R. Martin

14. **BIRTHPLACE**
    - City or Town: National, Md.

15. **MAIDEN NAME**
    - Maude Murray

16. **BIRTHPLACE**
    - City or Town: National, Md.

17. **INFORMANT**
    - Address

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Frostburg, Md. (Date: 12-24-34)

19. **UNDERTAKER**
    - Address

20. **FILED**
    - 12-25-34

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - 12-24-34

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

23. **DATE OF ONSET**

24. **OTHER CONTRIBUTORY CAUSES OF DEATH**

25. **NAME OF OPERATION**

26. **DATE OF**

27. **WAS THERE AN AUTOPSY?**

28. **ACCIDENT, SUICIDE, OR HOMICIDE?**
    - Date: 12-24-34
    - Where did injury occur? (Specify city or town, county and State)
    - Manner of injury
    - Nature of injury

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

30. **SIGNATURE**
    - M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housewife or homemaker, 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 “meechanic,” 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>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County: Allegany

Village or City: Cumberland

Registration Dist. No.

Ward

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No. 673 N. Mechanic St., 2nd

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

6. DATE OF BIRTH

Aug 14, 1864

7. AGE

67

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

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)

Cumberland, Ind.

STATE OR COUNTRY

13. NAME

Peter Trask

14. BIRTHPLACE (city or town)

Cumberland, Ind.

STATE OR COUNTRY

15. MAIDEN NAME

Eveline Beas

16. BIRTHPLACE (city or town)

Cumberland, Ind.

STATE OR COUNTRY

17. INFORMANT

Mrs. Elizabeth Trask

18. BURIAL CREMATION, OR REMOVAL

Died of natural causes.

19. UNDERTAKER

Dr. F. H. Trask

20. FILED

Dec 31, 1892

Registrar

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec 7, 1934

(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

Slight cold

I last saw deceased alive on

Dec 7, 1934; death is said to have occurred on the date stated above, at 10:00 A.M.

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

(Enter cause of death and related causes of importance)

Date of onset

Tuberculosis

Other contributory causes of importance:

Chronic nephritis

Name of operation

Date of operation

What test confirmed diagnosis

Was there an autopsy

Date of injury

If so, specify

Manner of Injury

Nature of Injury

Accident, suicide, or homicide

Where did injury occur

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

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

Date of injury

Specify city or town, county and State

If so, specify

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

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

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Hilldale
   Length of residence in city or town where death occurred: yrs. yrs. mos. days

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

   If nonresident give city or town and State
   MARY A. MASON

3. SEX
   Female

4. COLOR OR RACE
   White

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

5a. If married, widowed, or divorced
   HUSBAND of: J. H. Mason
   WIFE of: J. H. Mason

6. DATE OF BIRTH (month, day, and year)
   7-16-1844

7. AGE
   Years: 90
   Months: 0
   Days: 15
   If LESS than 1 day, hours, minutes

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.

10. Date deceased last worked at this occupation, month and year
   None

11. Total time (years) spent in this occupation
   None

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

13. NAME
   Mary Mason

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

15. MAIDEN NAME
   Lydia Mason

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

17. INFORMANT
   (Address)
   J. H. Mason, Hilldale

18. BURIAL, CREMATION, OR REMOVAL
   Place: Hilldale
   Date: 12-4-1934

19. UNDERTAKER
   (Address)
   The Undertakers, Hilldale

20. FILED
   12-3-1934
   (Address)
   Registrar, State Registrar

21. DATE OF DEATH
   Month: 12
   Day: 1
   Year: 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-26-1934, to 11-30-1934, as follows:
   I last saw deceased alive on 11-30-1934.
   Death is said to have occurred on that date stated above, at 2:30 p.m.
   The principal cause of death and related causes of importance were as follows:
   Pneumonia, Pulmonary

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

To be complete, an occupation return must state:

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

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

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

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

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

**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:**

- Stones
  - Date of onset: 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
  - Date of onset: 1 year

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No. 7
   No. 477 Pennsylvania Ave, 6th Ward

2. FULL NAME: David J. Incarity
   Residence: No. 477 Pennsylvania Ave, 6th Ward.

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, year): July 5, 1850
   7. AGE: 84 yrs., 5 mos., 7 ds.

   OCCUPATION: Employee

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

   10. Data deceased last worked at this occupation (month and year): July 5, 1850

   11. Total time (years) spent in this occupation: 84 yrs., 5 mos., 7 ds.

   12. BIRTHPLACE (city or town): Port Allegany
      (State or country): PA

   13. NAME: David J. Incarity
   14. BIRTHPLACE (city or town): Port Allegany
      (State or country): PA

   15. MAIDEN NAME: Rose B. Manning
   16. BIRTHPLACE (city or town): Port Allegany
      (State or country): PA

   17. INFORMANT (Address): Bernard Incarity
   18. BURIAL, CREMATION, OR REMOVAL

   PLACE: Allegany
   DATE: July 14, 1934

   19. UNDERTAKER: (Address):

   20. FILED: Dec. 13, 1934

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: Dec. 12, 1934


   I saw him alive on Dec. 10, 1934; death is said to have occurred on the data stated above, at 12:30 P.M.

   The Principal Cause of Death and related causes of importance were as follows:
   - Chronic nephritis: 1930
   - Obstructive arteriosclerosis: 1933
   - Myocardial infarction: 1934

   Other Contributory Causes of Importance:

   Name of operation...
   Date of...
   What test confirmed diagnosis?
   Was there an autopsy?
   Date of...
   Manner of injury:
   Nature of injury:
   Specified whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Date of injury: 1934
   Where did injury occur?
   Accidental, suicide, or homicide?
   Date of injury: 1934
   Place of injury: Allegany
   If so, specify:
   (Signed): (MD)

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

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

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

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

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

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

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

<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>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
PLACE OF DEATH
County Allegany
Village or City Savage (No.)

FULL NAME
Supra McDermott

PERSONAL AND STATISTICAL PARTICULARS
3 SEX M
4 COLOR OR RACE W
5 SING, MARRIED, WIDOWED, OR DIVORCED Single

DATE OF BIRTH Dec 27 1904
.Month (Month) (Day) (Year)

7 AGE Stillborn

8 OCCUPATION None
(a) Trade, profession or particular kind of work
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE Mt Savage Md
(State or country)

10 NAME OF FATHER Mr DeSala McDermott
11 BIRTHPLACE OF FATHER Mt Savage Md
(State or country)

12 MAIDEN NAME OF MOTHER Frances McKenzie

13 BIRTHPLACE OF MOTHER Mt Savage Md
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs DeSala McDermott
(Address) Mt. Savage Md

16 DATE OF DEATH Dec 27 1904
.Month (Month) (Day) (Year)

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

Stillborn

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place yrs mos ds State yrs mos ds
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt Savage Md
DATE OF BURIAL 12-27-34

10 UNDERTAKER

if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., requesting V. S. No. 1.
Statement of Cause of Death—Name, First, the Dis-

(health association)

(Revised by U.S. Census and American Public)

Certificate of Death

United States Standard
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County Allegany No. _
   Village or City Little Orleans St. _
   (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
   George Thomas McDonald
   (a) Residence: No. outside St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) Nov. 17, 1867

7. AGE Years 67 Months 0 Days 21 If LESS than 1 day, 1 hour, or 1 min.

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

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

10. Date deceased left worked at this occupation (month, day, year)
    Dec. 1934

11. Total time (years) spent in this occupation 12

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

13. NAME John M. McDonald

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

15. MAIDEN NAME Anna Deneen

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

17. INFORMANT
   J. Edw. McDonald
   Address Little Orleans MD

18. BURIAL, CREMATION, OR REMOVAL
   Place Little Orleans MD
   Date Oct. 16, 1930

19. UNDERWRITER
   (Address)

20. FILED Dec. 16, 1931

REGISTRAR

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1925</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Frederick
   No. Registration Dist. No. 7 St. Ward

   Length of residence in city or town where death occurred: yrs. 3 mos. 10 ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Child

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

6. DATE OF BIRTH (month, day, and year)
   Jany 14, 1887

7. AGE
   Years: 8
   Months: 5
   Days: 1

8. Trade, profession, or particular kind of work done: as SPINNER, SAWSHER, 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)
    June 10, 1924

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

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

13. NAME
    George Hewey Detty

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

15. MAIDEN NAME
    Annie Tifay Delano

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

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Old Ceny Cem., County: Maryland, Date: Jan 8, 1931

19. UNDERTAKER
    (Address)

20. FILED
    Dec 24, 1924

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Dec. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from
    1924, Feb 21, 1934, to Mar 2, 1924, 1934.

I last saw deceased alive on Jan 2, 1924; death is said to have occurred on the date stated above, at 12 p.m.

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

   Bronchial Pneumonia
   History of Malaria, Last Feb 11, 1934.

   Date of onset

   Other Contributory Causes of importance:

   Name of operation
   Date of...
   What test confirmed diagnosis?
   Was there an autopsy? 90

   23. If death was due to external causes (VIOLENCE) fill in also the following:
       Accident, suicide, or homicide? 3a. Date of Injury, 19...
       Where did Injury occur? (Specify city or town, county and State)

6. Manner of injury
6. Nature of Injury

   24. Was disease or Injury in any way related to occupation of deceased? 9a.
       If so, specify

   (Address)

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

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

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

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

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

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

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

Example I

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

<table>
<thead>
<tr>
<th>Cause of Death</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>Cause</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>Cause of Death</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>Cause</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: Allegany
   Village or City: Cumberland
   Registration Dist. No. 4
   No. 100 West Lane, St., 3 Ward
   Length of residence in city or town where death occurred 40 yrs.

2. FULL NAME
   (a) Residence: No. 200 West Lane
   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)
   Jan. 6 1862

7. AGE
   Years 72
   Months 10
   Days 25

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   John W. Otisott

14. BIRTHPLACE (city or town)
   Flintstone, Md.

15. MAIDEN NAME
   Elizabeth White

16. BIRTHPLACE (city or town)
   Flintstone, Md.

17. INFORMANT
   (Address)
   Joseph Otisott

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Date

19. UNDERTAKER
   (Address)
   [Signature]

20. FILE No.
   Dec. 3, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   December 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from
   August 19, 1934 to November 19, 1934 I last saw him alive on
   Nov. 16, 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:

   Causes of death listed

   Other Contributory Causes of importance:

   Name of operation
   Date of
   What test confirmed diagnosis?

   Date of Injury
   Where did injury occur

   Manner of injury

   Nature of injury

   Date of

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

---

**Example II**

---

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Barlow
   No. St., Ward: Barlow Road
   Length of residence in city or town where death occurred: 70 yrs.

2. FULL NAME
   Peter Paul Michael
   Residence: Barlow

3. SEX
   M

4. COLOR OR RACE
   W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   W

6. DATE OF BIRTH (month, day, and year)
   Dec 26, 1864

7. AGE
   Years: 70
   Months: 1
   Days: 16

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Coal Mining

10. DATE AND PLACE DECEASED LAST WORKED AT THIS OCCUPATION
    1899

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    32

12. BIRTHPLACE (CITY OR TOWN)
    Allegany, MD

13. NAME
    Peter Paul Michael

14. BIRTHPLACE (CITY OR TOWN)
    Allegany, MD

15. MAIDEN NAME
    Thelma Harmon

16. BIRTHPLACE (CITY OR TOWN)
    Allegany, MD

17. INFORMANT (ADDRESS)
    Wife, Barlow Road

18. BURIAL, CREMATION, OR REMOVAL
    Place: Barlow Road
    Date: Dec 29, 1934

19. UNDERTAKER (ADDRESS)
    [Address]

20. FILED (Signed) (Address)
    12/27/34, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Dec 26, 1934

22. I HEREBY CERTIFY
   That I attended deceased from Dec 19, 1934, to Dec 26, 1934.
   I last saw him alive on Dec 26, 1934; death is said to have occurred on the date stated above, at 11:30 a.m.
   The PRINCIPAL CAUSE OF DEATH
   Pneumonia of Liver
   Date of onset: July 34

Other Contributory Causes of importance:
   Pulmonary Tuberculosis

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE)

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   [Sign] Michael Harmon M. D.
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:</td>
<td>Date of onset:</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Allegany
   No.: Church Hill
   Village or City: Mt. Savage
   Registration Dist. No.: 10
   St., Ward:
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME
   Henry Thomas Miller
   (a) Residence: Church Hill
   St., Ward:
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

5a. If married, widowed, or divorced, state name of HUSBAND or WIFE OF
   Sarah Miller

6. DATE OF BIRTH (month, day, and year)
   Jan 13, 1873

7. AGE
   Years: 64
   Months: 1
   Days: 1

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): Feb. 1931

11. Total time (years) spent in this occupation: 35 yrs.

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

13. NAME
   Joseph Miller

14. MOTHER'S NAME
   Bridget Flood
   (State or country)

15. NAME
   Bridget Flood

16. DATE OF DEATH
   13-13-1934

21. DATE OF DEATH
   13-13-1934

22. I HEREBY CERTIFY, That I attended deceased from
   The principal cause of death was as follows:
   Cancer of Prostate and Rectum

   Other Contributory Causes of Importance:
   Date of onset:

   Name of operation:
   Date of operation:

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

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

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

Example I

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

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

Other contributory causes of importance:

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
### STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. **FULL NAME**
   - (a) Residence: No. 421 S. Main St., Solomons
   - If nonresident give city or town and State: 

   **PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - 

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

6. **DATE OF BIRTH**
   - (Month) Dec., (Day) 6, (Year) 1937

7. **AGE**
   - Years: 50
   - Months: 
   - Days: 

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

9. **DATE deceased last worked at this occupation**
   - (Month) 
   - (Day) 
   - (Year) 

10. **TOTAL TIME (years) spent in this occupation**
    - 

11. **BIRTHPLACE**
    - City or town: Westmont
    - State or country: 

12. **NAME**
    - George Miller

13. **MOTHER, FATHER**
    - Mother: Hope Powell
    - Father: 

14. **MOIDEN NAME**
    - 

15. **INFORMANT**
    - Informant: Miss. S. Miller
    - Address: 421 S. Main St., Solomons

16. **BURIAL, CREMATION, OR REMOVAL**
    - Place: St. Mary's Cemetery
    - Date: Dec 6, 1937

17. **UNDERTAKER**
    - Undertaker: E. S. S. Miller
    - Address: 

18. **FILED**
    - Date: Dec. 6, 1937

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
    - (Month) Dec., (Day) 6, (Year) 1937

22. **I HEREBY CERTIFY, That I attended deceased from Dec 6, 1937 to Dec. 6, 1937; death is said to have occurred on the date stated above, at St. John's Hospital; death was caused by**

   - **FIBROSIS PLACENTAE**
   - Date of onset: Dec. 6, 1937

   **Other Contributory Causes of importance**

   - Name of operation: 
   - Date of operation: 
   - What test confirmed diagnosis: 
   - Date of test: 
   - 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: Dec. 6, 1937
   - 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?**
    - Yes
    - If so, specify: 

---

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

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

**Example II**

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

---

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   No.: Allegany Hosp. St.
   Registration Dist. No.: 4
   Ward: 7
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.: 316 Mervin Ave St.
   Ward: 5
   If nonresident give city or town and State

3. PERSONAL AND STATISTICAL PARTICULARS
   3a. If married, widowed, or divorced
   HUSBAND or (or) WIFE of
   5a. If married, widowed, or divorced
   WIFE of
   6. DATE OF BIRTH (month, day, and year): Dec 11 '34
   7. AGE
      Years: 0
      Months: 0
      Days: 7
      If LESS than 1 year, turn to word...
   8. Trade, profession, or particular
      kind of work done, as SPINNER, WEAVER, 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): Cumberland, Md.
   13. NAME: Thomas Onisco
   14. BIRTHPLACE (city or town)
      (State or country): Md.
   15. MAIDEN NAME: Prudence Adams
   16. BIRTHPLACE (city or town)
      (State or country): Md.
   17. INFORMANT
      (Address): 316 Mervin Ave
   18. BURIAL, PREMATURE, OR REMOVAL
      Undertaker: Harry Shores
      (Address)
      Date: Dec 14, 1935
   19. UNDERTAKER
      (Address)
   20. FILED: Dec 14, 1935

21. DATE OF DEATH
   (Month): Dec
   (Day): 18
   (Year): 1935

22. I HEREBY CERTIFY, That I attended deceased from
    Dec. 11, 1935, to Dec. 18, 1935
    I last saw him alive on Dec. 13, 1935
    I declare that death was caused by...
    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: 19
    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?
    No

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. 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>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>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1928</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Allegany
Village or City: Front Royal

No. St. Ward

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

2. FULL NAME.

(a) Residence: No.

(Usual place of abode)

Daisy Lindsy Mayle

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5a. If married, widowed, or divorced

HUSBAND of

(Or) WIFE of

Child

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

June 11, 1892

7. AGE

Years: 47

Months: 6

Days: 17

If LESS than 1 day, hrs. or min.

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

纤

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

纤

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

纤

11. Total time (years) spent in this occupation

纤

12. BIRTHPLACE (city or town)

State or country

13. NAME

Daisy Lindsy Mayle

14. BIRTHPLACE (city or town)

State or country

15. MAIDEN NAME

Virginia Schell

16. BIRTHPLACE (city or town)

State or country

17. INFORMANT

Address

18. BURIAL, CREMATION, OR REMOVAL

Place

Fecha

19. UNDERTAKER

Address

20. FILED

Dec. 30, 1934

Registrar

21. DATE OF DEATH

(Day) 1934

22.

I HEREBY CERTIFY, That I attended deceased from Dec. 27 to Dec. 28, 1934, in the course of her disease, seen above, at 2:30 A.M., and stated to have occurred on the date stated above, at 2:30 A.M.; death is said to have been due to a complication of the disease.  The principal cause of death was as follows:

Capilllary Bronchitis, Dec. 25, 1934

Date of onset

Date of death

Other Contributory Causes of Importance:

The child had a communicable disease or a chronic disease that contributed to death. A primary cause of death was:

Name of the disease...

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?

(Date and place of injury)

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

If not, specify

(Signed)

Address

25. If more blanks are needed, address State Registrar, 3414 S. 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:

- The trade, profession, or particular kind of work done.
- The industry or business in which the work was done.
- The month and year the deceased last worked at the occupation.
- 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, asphyxiation, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>5 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Additional space for further statements by physician.
### Place of Death

- **County:** Allegany
- **Village or City:** Cumberland
- **No.:** Syllan Retreat
- **St.:** 4
- **Ward:**
- **Registration, Dist. No.:**

**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.

### Full Name

- **Residence:** Syllan Retreat St., 4

**Usual place of abode:**

- **If nonresident give city or town and State:**

### Personal and Statistical Particulars

- **Sex:** M
- **Color or Race:** W
- **Single, Married, Widowed, or Divorced:** Single

**If married, widowed, or divorced:**

- HUSBAND OF:

**Name:**

- **Occupation:** Miner

**If less than 1 day:**

- hrs.
- min.

**Date decessed last worked at this occupation (month and year):**

- **Total time (years) spent in this occupation:**

### Date of Birth

- **Month:**
- **Day:**
- **Year:** 1890

### Date of Death

- **Month:** 12
- **Day:** 28
- **Year:** 1934

### Medical Certificate of Death

**I HEREBY CERTIFY, That I attended deceased from 4 - 26 - 1934 to 12 - 28 - 1934.**

**I last saw deceased alive on 12 - 27 - 1934, death is 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:**

**Date of onset:**

**Other Contributory Causes of importance:**

**Name of operation:**

**Date of:**

**What test confirmed diagnosis:**

**Was there an autopsy:**

### Cause of Death

**Accident, suicide, or homicide:**

**Date of injury:**

**Where did injury occur:**

**Specify whether injury occurred in industry, in HDME, 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:**

**Date of:**

**Address:**

**Registrar:**

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
County: Allegany
Village or City: Cumberland Md.
Registration Dist. No.: Memorial Hospital
Within Corporate Limits: St., Ward: No.
(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: Lennie E. Newton
(a) Residence: No.
(Uusual place of abode)
St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male
4. COLOR OR RACE
White
5a. If married, widowed, or divorced
Husband of (or) Wife of
5b. Single

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

6. DATE OF BIRTH (month, day, and year)
Dec. 15, 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, SAWMILL, BANK, 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)
West Virginia

13. NAME
Lennie E. Newton

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

15. MAIDEN NAME
Mildred Blades

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

17. INFORMANT
Memorial Hospital
Cumberland Md.

18. BURIAL, CREMATION, OR REMOVAL
Removal Place: Ross Hill Date: Dec. 17, 1934

19. UNDERTAKER
John C. Wolter

20. FILED: Dec. 17, 1934
By: Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
December 15, 1934

22. I HEREBY CERTIFY, that I attended deceased from
Dec. 15, 1934 to Dec. 15, 1934.

I last saw him alive on Dec. 15, 1934; death is said to have occurred on the date stated above, at: 10:20 PM.

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

Date of onset

Other Contributory Causes of Importance:

Name of operation
Data 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: Dec. 17, 1934
Where did injury occur? (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury
Nature of injury

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

Dr. Reynolds

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</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: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 1
   Village No.: Allegany
   No.: Allegany
   HOSP. St., 4 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. 636 Shinn Ave. St., 3 Ward.
   (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATUTORY PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Feb. 29, 1870

7. AGE
   Years: 44
   Months: 9
   Days: 18
   If less than 1 day, hrs. or min.

8. OCCUPATION
   Clerk

9. Date deceased last worked at this occupation (month and year): Jan. 17, 1934

10. Occupation
    Drug Store

11. Total time (years) spent in this occupation

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

13. NAME
    Benjamin J. Bruckler

14. FATHER
    Israel Bruckler

15. MOTHER
    Sarah Bruckler

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

17. INFORMANT
    Pearl Cameron

18. BURIAL, Cremation, or Removal
    Date: Dec. 19, 1934

19. UNDERTAKER
    (Address)
    E. B. Slack, M.D.

20. FILED
    Date: Dec. 18, 1934

21. DATE OF DEATH
    Dec. 17, 1934

22. I HEREBY CERTIFY
    That I attended deceased from
    Dec. 15, 1934, Dec. 17, 1934
    I last saw him alive on Dec. 17, 1934
    Death is said to have occurred on the date stated above, at 3:30 a.m.
    The principal cause of death and related causes of importance were as follows:
    Septic sore throat
    (Date of onset)
    Dec. 10, 1934

23. Other Contributory Causes of importance
    Insufficiency of breathing due to chronic interstitial emphysema
    Name of operation: Tracheotomy
    Date of: Dec. 17, 1934
    What test confirmed diagnosis? Culture
    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
    Where did injury occur?
    (Specify city or town, county and State)
    Specified whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

25. Manner of injury
    Nature of injury

26. Was disease of injury in any way related to occupation of deceased?
    If so, specify
    (Address)
    E. B. Slack, M.D.

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

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

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

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

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

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

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

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| Other contributory causes of importance: | |
| Gallstones | May 1, 1923 |

Example II

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland, Md.
   Registration Dist. No.: Memorial Hospital
   No. St. 6 - Ward

2. FULL NAME
   Miss Amelia Orendorf
   Residence: Meyersdale, Pa.

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   May 15, 1900

7. AGE
   Years: 34
   Months: 7
   Days: 0
   Total time (years) spent in this occupation: 0

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

9. OCCUPATION
   Machine Operator

10. Date deceased last worked at this occupation (month and year)
    
11. Total time (months) spent in this occupation: 0

12. BIRTHPLACE (city or town)
    Maryland

13. NAME
    Noah Orendorf,

14. BIRTHPLACE (city or town)
    Maryland

15. MAIDEN NAME
    Elizabeth Miller,

16. BIRTHPLACE (city or town)
    Maryland

17. INFORMANT
    Memorial Hospital
    Cumberland, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Amish Cemetery
    Date: Dec. 19, 1934

19. UNDERTAKER
    J. L. Tressler
    Meyersdale, Pa.

20. FILED: Dec. 18, 1934
    Registrar: Dr. Mathews, M.D.
    If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

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

2. FULL NAME
   William Painter
   Residence: 114 E. Independence St.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year) July 27, 1870

7. AGE 64 yrs. 14 mos. 15 days

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

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) 12/14/34

11. Total time (years) spent in this occupation 12 yrs.

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

13. NAME John W. Painter

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

15. MAIDEN NAME Tracy Rodelish

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

17. INFIRMARY
    Mrs. Nellie Painter
    140 Independence St.

18. BURIAL, CREMATION, OR REMOVAL
    Hillcrest
    Date: Dec. 17, 1934

19. UNDERTAKER T. A. Butler
    Address: Cumberland, Md.

20. FILED Dec. 13, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 14, 1934

22. HEREBY CERTIFY, That I attended deceased from
    Dr. Harold T. Dewey
    19 yrs.

I last saw deceased alive on Dec. 19, 1934; death is said to have occurred on the date stated above, at 12:30 p.m.

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

   Organic Nervous Disease
   Date of onset: 1937

   Diphtheria, Encephalomyelitis, Other Factors
   Date of death: 1934

Other Contributory Causes of importance:

   Primary Site: Brain
   Date of operation: 1937

Name of operation:

What test confirmed diagnosis? Was there an autopsy?

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

   Accident, suicide, or homicide? Date of injury: 1934
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of injury:
   Nature of injury:

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

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
United States Standard Certificate of Death

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

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

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

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

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

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

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

1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: Martinsland
   - Registration Dist. No.: 4
   - Memorial Hospital St. 6-1 Ward
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - James Barker
   - Residence No.: 160 Westwood St., 5 Ward.

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - Colored

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

6. **DATE OF DEATH**
   - December 15, 1934

7. **DATE OF BIRTH**
   - Oct 24, 1862

8. **AGE**
   - Years: 72
   - Months: 0
   - Days: 0
   - Age: 72 yrs. 0 mos. 0 ds.

9. **OCCUPATION**
   - Janitor

10. **PLACE DECEASED**
    - This is the place where the death occurred.

11. **DATE LAST WORKED**
    - This is the date the deceased worked last.

12. **BIRTHPLACE**
    - City or town: Martinsland
    - State or country: Md.

13. **NAME**
    - Father: Parker
    - Mother: Parker

14. **MAIDEN NAME**
    - Father: Parker
    - Mother: Parker

15. **INFORMANT**
    - Address: Shepherd, Cumberland, Md.

16. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Shepherd, Cumberland, Md.
    - Date: Dec 28, 1934

17. **UNDERTAKER**
    - Address: Shepherd, Cumberland, Md.

18. **FILED**
    - Date: Dec 17, 1934

19. **REGISTRAR**
    - Signature: [Signature]

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</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><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: 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: Allegany
   Village or City: Cumberland
   No. 909, Still St., 1st Ward
   Length of residence in city or town where death occurred: 8 yrs. 9 mos. 16 days
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   James L. Culling
   Residence: No. 909, Still St., 1st Ward
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, year)
   March 11, 1894

7. AGE
   Years: 43
   Months: 9
   Days: 16
   If less than 1 day, hour, or minutes

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

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 end year)

11. Total time (years) spent in this occupation

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

13. NAME
    Samuel Culling

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

15. MAIDEN NAME
    Nancy

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

17. INFORMANT
    (Address)
    Mrs. Carrie Culling, Cumberland

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cumberland
    Date: Dec. 30, 1934

19. UNDERTAKER
    (Address)
    E. L. Stein, Inc.

20. FILED
    Date: Dec. 30, 1934
    Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from
    Date of onset
    The principal cause of death and related causes of importance were as follows:
    Date of death
    Other contributory causes of importance:
    Alcoholic Convulsion
    Date of
    Name of operation
    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 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.
STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

**Example I**

<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>

**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:**

| 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: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 344
   Registration St.: Frederick
   Ward: 4

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

2. FULL NAME
   (a) Residence: No. 708 Wesley Ave, Ward: Cincinnati, Ohio

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

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

6. DATE OF BIRTH (month, day, and year):
   Feb. 22, 1881

7. AGE
   Years: 59
   Months: 10
   Days: 5

8. OCCUPATION
   Worker

9. Industry or business
   Smallman Dining Service

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):
   Courtland, Alabama

13. NAME
   Walter Quenyard

14. BIRTHPLACE (city or town)
   (State or country):
   Courtland, Alabama

15. MAIDEN NAME
   Bella Ann Stager

16. BIRTHPLACE (city or town)
   (State or country):
   Courtland, Alabama

17. INFORMANT
   Florence Quenyard, Cincinnati, Ohio

18. BURIAL, CEMETERY, OR REMOVAL
   Cincinnati, Ohio, Dec. 30, 1934

19. UNDERTAKER
   C. S. Stanger Co.

20. FILED
   Dec. 28, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Dec. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1934, to Dec. 30, 1934, last saw him alive on Dec. 27, 1934; death is said to have occurred on the date stated above, at 8:40 P.M.

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


   Other Contributory Causes of Importance:
   Pneumonia.

   Other Contributory Causes of Importance:

   Name of operation:
   Date of:
   Was there an autopsy?

   What test confirmed diagnosis?

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 decedent?
   No

   If so, specify

   (Signed) M. D.

   (Address)

   If more blanks are needed, address State Registrar, 241 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>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</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No.:
   (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
   Edith Holgren Reinhardt
   (a) Residence: No. 112 E. 5th St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH
   July 3, 1876

7. AGE
   Years 68
   Months 5
   Days
   months... days... hrs.

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

9. OCCUPATION

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)
   Cumberland, Md.

13. NAME
   Anthony Holgren

14. BIRTHPLACE
   (City or town)
   (State or country)
   Holgren, Sweden

15. MAIDEN NAME
   Mary Ingman

16. BIRTHPLACE
   (City or town)
   (State or country)
   Cumberland, Md.

17. INFORMANT
   Edith Holgren
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place
d
   Date
d

19. UNDERTAKER
   (Address)
   Amos Stein
   Cumberland

20. FILED
   Dec. 7, 1937
   Registrar

21. DATE OF DEATH
   Dec. 5-9, 1937

I HEREBY CERTIFY
   That I attended deceased from
   Dec. 7, 1937, to Dec. 5, 1937
   I last saw her alive on Dec. 5, 1937, and death is said
   to have occurred on the date stated above, at 4:15 a.m.

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

Other Contributory Causes of importance:
   Chronic Bright's Disease

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 (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.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<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>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1922</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Signature] for change or correction under signature.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Ellicott City
   No. 315 Main St., 12 Ward
   Length of residence in city or town where death occurred: 16 yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME
   Mary E. Rieader

(a) Residence: No. 215 3rd St., 12 Ward.
(b) Place of abode: Ellicott City

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

5a. If married, widowed, or divorced
   Name of WIFE: Rieader

6. DATE OF BIRTH
   (Month, day, and year) March 4, 1882

7. AGE
   Years: 58
   Months: 9
   Days: 4

8. Trade, profession, or particular kind of work done, as SPINNER, SAW MILL, BANK, etc.
   Housewife

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

10. Date deceased last worked at this occupation (month end year)
    March 4, 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE
   City or town: Berea, PA
   State or country:

13. NAME OF FATHER
   John

14. BIRTHPLACE
   City or town: Berea, PA
   State or country:

15. MAIDEN NAME
   Unknown

16. BIRTHPLACE
   City or town: Berea, PA
   State or country:

17. INFORMANT
   Name: Rieader
   Address:

18. BURIAL, CREMATION, OR REMOVAL
   Place: Ellicott City
   Date: Dec. 12, 1934

19. UNDERTAKER
   Name: Charles F. Jones
   Address:

20. FILED
   Date: Dec. 12, 1934

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   December 11, 1934

22. I HEREBY CERTIFY that I attended decedent from Jan. 19, 91, to Dec. 11, 1934.
    I first saw him alive on Dec. 1, 1934; death is said to have occurred on the date stated above, at 2:30 in the morn.
    The principal cause of death and related causes of importance were as follows:
    Cause of death: [to be filled in]
    Cause of importance: [to be filled in]
    Date of onset: [to be filled in]

Other Contributory Causes of Importance:

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

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

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify:
    (Signature) [to be filled in]
    M. D.

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

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

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

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

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

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

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

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

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

1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: C. Thomas, Md.
   - Registration Dist. No.: 7
   - St.: 7
   - Ward:
   - Length of residence in city or town where death occurred: 11 yrs., mos., ds.

2. **FULL NAME**
   - David Allen Ross
   - Residence: Boston, M. A.
   - If nonresident give city or town and State:

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. DATE OF BIRTH (month, day, and year)</td>
<td>12/26/1934</td>
</tr>
<tr>
<td>7. AGE (Years, Months, Days)</td>
<td>45, 2, 3</td>
</tr>
<tr>
<td>8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.</td>
<td>Miner</td>
</tr>
<tr>
<td>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</td>
<td>Coal-Miner</td>
</tr>
<tr>
<td>10. Date deceased last worked at this occupation (month and year)</td>
<td>Jan. 1934</td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation</td>
<td>19</td>
</tr>
<tr>
<td>12. BIRTHPLACE (city or town)</td>
<td>New Westminster, B.C.</td>
</tr>
<tr>
<td>13. NAME</td>
<td>Larry M. Ross</td>
</tr>
<tr>
<td>14. BIRTHPLACE (city or town)</td>
<td>Langley, B.C.</td>
</tr>
<tr>
<td>15. MAIDEN NAME</td>
<td>Mandaric M. Milley</td>
</tr>
<tr>
<td>16. BIRTHPLACE (city or town)</td>
<td>New Westminster, B.C.</td>
</tr>
<tr>
<td>17. INFORMANT</td>
<td>Oscar Ross, M. D.</td>
</tr>
<tr>
<td>18. BURIAL, CREMATION, OR REMOVAL</td>
<td>Laurel Hill, M. D.</td>
</tr>
<tr>
<td>19. UNDERTAKER</td>
<td>Boston, M. D.</td>
</tr>
<tr>
<td>20. FILED</td>
<td>Dec. 28, 1934</td>
</tr>
</tbody>
</table>

**I HEREBY CERTIFY, That I attended deceased from**

| DATE | Dec. 26, 1934 to Dec. 26, 1934 |

I last saw him alive on Dec. 26, 1934; death is 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:

- **Cholangitis**
- **Cholecystitis**
- **Chronic Nephritis**

**Other Contributory Causes of importance:**

- **Uremia**

**Date of onset:**

- **12-24-34**

**Name of operation:**

- **None**

**Date of:**

- **None**

**What test confirmed diagnosis?**

- **Physical Signs**

**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 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
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</td>
<td>The principal cause of death</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:</td>
<td>Date of onset:</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones                      | Gastroenteritis                |
| 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 Allegany
   Village or City McVickertown
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME
   Ralph Michael Scafinito
   (a) Residence: No. 428 4th Avenue (usual place of abode)
   St. Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

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

7. AGE Years Month Days If less than 1 year, hr. or min.

8. OCCUPATION Teacher, profession, or particular kind of work done, e.g., spinner, Sawyer, Bookkeeper, etc.
9. Industry or business in which work was done, e.g., 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) Westampton
    (State or country)

13. NAME Joseph Scafinito

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

15. MAIDEN NAME Julia anonino

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

17. INFORMANT Name, Address

18. BURIAL, CREMATION, OR REMOVAL Place, Date of Burial or cremation

19. UNDERTAKER Name, Address

20. FILED Dec. 22, 1934

21. DATE OF DEATH 12. 29. 1934

22. I HEREBY CERTIFY that I attended deceased from 12. 29. 1934 to 12. 29. 1934, the day, month, and year of his death.

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

 Cause of death: Poisoning, accidental
 Other Contributory Causes of importance:

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

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

25. NATURE OF INJURY

26. Manner of injury

27. Nature of injury

28. Other information

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:

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Easton

2. FULL NAME
   (a) Residence: 317 Federal Hill

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      M
   5a. If married, widowed, or divorced
      HUSBAND or (or) WIFE of
      None

   6. DATE OF BIRTH (month, day, and year)
      Apr. 1, 1910

   7. AGE
      Years: 24 8 18

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

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

   10. Date deceased last worked and this occupation (month and year)
       Nov. 1, 1934

   11. Total time (years) spent in this occupation

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

   13. NAME
      Henry Schreiner

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

   15. MAIDEN NAME
      Mary Yost Shreiner

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

   17. INFORMANT
      L. O. Schreiner

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Presiden, Md. Date: Dec. 20, 1934

   19. UNDERTAKER
      Needham Bros.

   20. FILED
      Dec. 20, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Dec. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from

   I last saw him alive on
   to
   death is said

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   ware as follows:
   Acute Alcohotinism

   Other Contributory Causes of importance:

   Name of operation

   What test confirmed diagnosis
   Date of
   Was there an autopsy

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

   Accident, suicide, homicide
   Date of injury

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

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

   Manner of injury

   Nature of injury

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

   If so, specify

   (Signed)

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

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

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

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

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

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

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

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

Other contributory causes of importance: | 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 Allegany
Village or City Mt. Airy
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

Infant Shearer
(a) Residence: No.
(Usually place of abode) St. Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male
4. COLOR OR RACE

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

SING

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

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

Dec. 18, 1934

7. AGE

Years Months Days

5 if less than 1 day, 2 hrs or 6 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. Oete deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

National Md
(State or country)

13. NAME

Jerry Shearer

14. BIRTHPLACE (city or town)

Maryland
(State or country)

15. MAIDEN NAME

Isabelle Gallo

16. BIRTHPLACE (city or town)

Maryland
(State or country)

17. INFORMANT

Isabelle Shearer

18. BURIAL, CREMATION, OR REMOVAL

Place: National Cemetery

Date: Dec. 19, 1934

19. UNDERTAKER

Jerry Shearer

20. FILED

Feb. 1st, 1935

Regist. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 1

St. ____________  Ward ____________
(If death occurred in a hospital or institution, give its name instead of street and number.)

PLACE OF DEATH
County ____________
Village or City ____________ (No. ____________)

FULL NAME  Ansel B. Sheely

PERSONAL AND STATISTICAL PARTICULARS

SEX  M  Female
COLOR OR RACE  W  White
SINGLE, MARRIED, WIDOWED, OR DIVORCED  M  Married

DATE OF BIRTH  Dec. 19, 1857

AGE  77 yrs. — mos. 5 days or min.

OCCUPATION
(a) Trade, profession or particular kind of work  Farmer
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE
(State or country)  WI

NAME OF FATHER  Ansel Sheely

BIRTHPLACE OF FATHER
(State or country)  WI

MAIDEN NAME OF MOTHER  Sara Coburn

BIRTHPLACE OF MOTHER
(State or country)  WI

The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant  ____________
(Address)  Beloit, Ind.

M.D. — Every item of information should be carefully supplied since it is absolutely necessary that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1
Amendment 13

APPROVED BY U.S. Census and American Public

Death Certificate

Date of Death

Place of Death

State of Residence

County of Residence

Certificate of Death

Statement of Occupation

Health Association

(Revised) United States Standard
1. **PLACE OF DEATH**

   County: Allegany  
   Village or City: Hagerstown  
   Registration Dist. No.:  
   (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  
   (Usual place of abode)

3. **PERSONAL AND STATISTICAL PARTICULARS**

   3a. If married, widowed, or divorced  
   HUSBAND or WIFE of  

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

   7. **AGE** Years | Months | Days | If LESS than 1 day, ......hrs. or ......min.  

   8. Trade, profession, or particular kind of work done, as SPINNER, 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 end year)  

   11. Total time (years) spent in this occupation  

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

   (State or country)  

13. **NAME**  

   Wm. Simpson  

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

   (State or country)  

15. **MAIDEN NAME**  

   Aida Grove  

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

   (State or country)  

17. **INFORMANT**  

   (Address)  

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

   Place:  
   Date:  

19. **UNDERTAKER**  

   (Address)  

20. **FILED**  

   Feb. 1st, 1935  
   Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**  

   Dec. 2nd, 1934  

22. **I HEREBY CERTIFY**  

   That I attended deceased from  

   I last saw him live on Dec. 2nd, 1934; death is said to have occurred on the date stated above, at 9:00 m.  

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

   Date of onset  

   Other Contributory Causes of importance:  

   Name of operation:  

   What test confirmed diagnosis?:  

   Was there an autopsy?:  

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

   Accident, suicide, or homicide:  

   Date of injury:  

   Where did injury occur?:  

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

   Menner of injury:  

   Nature of injury:  

24. **If so, specify**  

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause</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: Allegany  
Village or City: Allegany and St.  
No. Allegany Hospital St.,  
Ward: Allegany

#### 2. FULL NAME
Kamille Spiker

(a) Residence: No. Bozard Post  
St., Ward: Bozard West Va

#### 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>
<th>6. DATE OF BIRTH</th>
<th>7. AGE</th>
<th>8. TRADE, PROFESSION, OR PARTicular</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>Single</td>
<td>July 21, 1869</td>
<td>65</td>
<td>9 months 15 days</td>
</tr>
</tbody>
</table>

#### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Dec. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1934, to Dec. 16, 1934. I last saw him alive on Dec. 16, 1934; death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- Chorea, since Jan. 1, 1934.  
- Chorea, since Jan. 1, 1934.

Other Contributory Causes of importance:
- Jan. 1, 1934.

Name of operation: Chorea, since Jan. 1, 1934.


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, county, and State)
- Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

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

If so, specify:  
(Signed):  
(Address):  
Registar:  
Registrar:  

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

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

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

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

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

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

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

<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>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<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 Allegany
Village or City Cumberland, 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.

2. FULL NAME Mrs. Margaret Triebert

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

John Triebert

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

May 22, 1862

7. AGE Years

62

Months

1

Days 19

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

Housewife

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)

Pennsylvania

(State or country)

13. NAME James Findley

14. BIRTHPLACE (city or town)

Scotland

(State or country)

15. MAIDEN NAME Rose Ann Reed

16. BIRTHPLACE (city or town)

Pennsylvania

(State or country)

17. INFORMANT Memorial Hospital

(Address)

Cumberland, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Savage

Date May 23, 1934

19. UNDERTAKER

Address

20. FILED

Date 1934

Registrar

21. DATE OF DEATH

December 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1-34 to 12-11-34, death is said to have occurred on the date stated above, 12:14 P.M.

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

Fracture (Skull)

Other Contributory Causes of importance:

Name of operation. None

Date of:

What test confirmed diagnosis. No

Was there an autopsy? No

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

Accident, suicide, or homicide? Yes

Date of Injury 12-11-34

Where did injury occur? Home

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)

Dr. Williams

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

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

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

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

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

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

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

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: Allegany
   Village or City: Frostburg
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

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 Emma Stickman
      WIFE OF

7. DATE OF BIRTH (month, day, and year) Oct. 20, 1870
8. AGE Years Months Days If LESS than 1 day _______ hrs. or _______ min.
   64 1 26

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

10. Occupation

11. PLACE DECEASED (city or town)

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

13. NAME
   (Father)

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
   Date

19. UNDERTAKER
   Address

20. FILED
   Date

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

22. I HEREBY CERTIFY That I attended deceased from Dec. 16, 1934, to Dec. 16, 1934
   I last saw him alive on Dec. 16, 1934; death is said to have occurred on the date stated above, at 3:30 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Pulmonary Tuberculosis
   Other Contributory Causes of Importance:
   Date of onset
   Date of death
   Name of operation
   Where was operation done
   Date of operation
   Was there an autopsy?
   Date of death
   Nature of injury
   Manner of injury
   Accident, suicide, or homicide?
   Nature of injury
   Source of injury
   Date of injury
   Where did injury occur
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE
   Date of injury
   Nature of injury
   Manner of injury
   Accident, suicide, or homicide?
   Nature of injury
   Source of injury
   Date of injury
   Where did injury occur
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE
   Date of injury
   Nature of injury
   Manner of injury
   Accident, suicide, or homicide?
   Nature of injury
   Source of injury
   Date of injury
   Where did injury occur
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE
   Date of injury
   Nature of injury
   Manner of injury
   Accident, suicide, or homicide?
   Nature of injury
   Source of injury
   Date of injury
   Where did injury occur
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE
   Date of injury
   Nature of injury
   Manner of injury
   Accident, suicide, or homicide?
   Nature of injury
   Source of injury
   Date of injury
   Where did injury occur
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE
   Date of injury
   Nature of injury
   Manner of injury
   Accident, suicide, or homicide?
   Nature of injury
   Source of injury
   Date of injury
   Where did injury occur
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE
   Date of injury
   Nature of injury
   Manner of injury
   Accident, suicide, or homicide?
   Nature of injury
   Source of injury
   Date of injury
   Where did injury occur
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE
   Date of injury
   Nature of injury
   Manner of injury
   Accident, suicide, or homicide?
   Nature of injury
   Source of injury
   Date of injury
   Where did injury occur
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE
   Date of injury
   Nature of injury
   Manner of injury
   Accident, suicide, or homicide?
   Nature of injury
   Source of injury

Registrar

If more blanks are needed, address State Registrar, 4411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County Allegany
Village or City Oldtown, Md

2. FULL NAME

Lillie M. Twigg
(a) Residence: No. Oldtown, Md

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

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

Aug. 28, 1871

7. AGE

Years 63 Months 3 Days 13

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

Housewife

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE


10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (city or town)

Md

13. NAME

Denton Bucy

14. BIRTHPLACE (city or town)

Md

15. MAIDEN NAME

Hannah Wolford

16. BIRTHPLACE (city or town)

Md

17. INFORMANT

Guy W. Twigg

18. BURIAL, CREMATION, OR REMOVAL
Place: Twigg Cemetery Date: Dec. 12, 1934

19. UNDERTAKER

John C. Wolford

20. FILED

Dec. 13, 1934

21. DATE OF DEATH

Dec. 10, 1934

22. I HEREBY CERTIFY

Date of onset (Month) 12 (Day) 10 (Year) 1934

I last saw deceased alive on July 15, 1917; death is said to have occurred on the date stated above, at 9 P.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:

What test confirmed diagnosis: Aug. 28, 1917

Was there an autopsy: No

Where did injury occur: Place

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:

<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><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: <strong>1915</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: <strong>1921</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: <strong>July 5, 1927</strong></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><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>Date of onset: <strong>May 1, 1923</strong></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: Allegany
Village or City: Martinsburg
Length of residence in city or town where death occurred: 23 yrs. 4 mos. 30 ds.

2. FULL NAME

Graham Wasserfeld
(Usually place of abode)

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

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

6. DATE OF BIRTH

About 1864

7. AGE

23 yrs. 4 mos. 30 ds.

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

Automobile

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

Salmon

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Poland

13. NAME

Unknown

14. BIRTHPLACE (city or town)

(Stare or country)

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

(Stare or country)

17. INFORMANT

Benjamin Wasserfeld

18. BURIAL, CREMATION, OR REMOVAL

Pleasant Hill Cem. Dated: Dec. 8, 1934

19. UNDERTAKER

J. S. Stein, Inc.

20. FILED

Dec. 8, 1934

21. DATE OF DEATH

December 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1934, to Dec. 8, 1934. I last saw him alive on Dec. 8, 1934. Death is said to have occurred on the date stated above, at 12. 00 a.m.

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

Cerebral Hemorrhage

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

Accident, suicide, or homicide?

Death date...

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

Register

Registrar

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

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

To be complete, an occupation return must state:

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

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

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

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

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

### 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>

### 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:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Allegany
Village or City: Allegheny

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
Female
4. COLOR OR RACE
White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
MARRIED

6. DATE OF BIRTH (month, day, and year)
Oct 1, 1878

7. AGE
161 yrs.

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

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)
Pa.

13. NAME
Jennie Jane Wrenick

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

15. MAIDEN NAME
Susan E. Wrenick

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

17. INFORMANT
Pavel E. Wrenick

18. BURIAL, CREMATION, OR REMOVAL
Place: Rose Hill
Date: 12-15-1934

19. UNDERTAKER
Loneis Hein, Inc.

20. FILED
12/14/1934

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
12-12-1934

22. I HEREBY CERTIFY that I attended deceased from 3-1, 1934, to 12-12, 1934. His death is said to have occurred on the date stated above, etc.

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

Other Contributory Causes of Importance:
Hypertensive Vascular Disease

Name of operation: None
What test confirmed diagnosis?: None
Was there an autopsy?: Yes

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County Allegany
Village or City Loch Arbour
No. 50 St., Ward 5
Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME

Clyde Gene Style Wilkins
(Usual place of abode)

3. SEX

Female

4. COLOR OR RACE

White

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

Single

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

Aug 4, 1934

7. AGE

Years

Months

Days

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Westport

13. NAME

Kermit Wilkins

14. BIRTHPLACE (city or town)

Henry

15. MAIDEN NAME

Wilma Florence

16. BIRTHPLACE (city or town)

Dover

17. INFORMANT

Kermit Wilkins

18. BURIAL, CREMATION, OR REMOVAL

Place: Buffalo, Date: Dec. 4, 1934

19. UNDERTAKER

B. S. Brandt

20. FILED

Dec. 6, 1934

REGISTRATION DIST.

No. 6

CITY

St., Ward

REGISTRATION DIST.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 30, 1934 to Dec. 4, 1934.

I last saw deceased alive on Dec. 4, 1934; death is said to have occurred on the date stated above, at 7:30 a.m.

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

Pneumonia

Other Contributory Causes of Importance:

Age 21 years

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

If so, specify

(Signed) Dr. B. Brandt

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

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthma, etc. 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.

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

Example II

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

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

**1. PLACE OF DEATH**
- County: Allegany
- Village or City: Hagerstown
- Length of residence: yrs. 3 mos. ds. (If death occurred in a hospital or institution, give its name instead of street and number)

**2. FULL NAME**
- First Name: Susanna
- Last Name: Hilt

**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>Female</td>
<td>White</td>
<td>Single</td>
</tr>
</tbody>
</table>

**21. DATE OF DEATH**
- Month: 2
- Day: 7
- Year: 1934

**FAMILY**

<table>
<thead>
<tr>
<th>13. NAME</th>
<th>14. BIRTHPLACE (city or town)</th>
<th>15. MAIDEN NAME</th>
<th>16. BIRTHPLACE (city or town)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hilt</td>
<td></td>
<td>Eva Hart House</td>
<td>Brecknock</td>
</tr>
</tbody>
</table>

**OCCUPATION**
- Trade, profession, or particular kind of work done: Student
- Date deceased last worked at occupation: June 13, 1934
- Total time spent in occupation: 5 yrs. 11 mos.

**MOTHER**
- Name: Eva Hart House

**FATHER**
- Name: Benjamin Hilt

**INFORMANT**
- Name: Susanna Hilt
- Address: Hagerstown

**BURIAL, CREMATION, OR REMOVAL**
- Place: Hagerstown
- Date: Dec 10, 1934

**UNDERTAKER**
- Name: Brecknock
- Address: Hagerstown

**MEDICAL CERTIFICATE OF DEATH**

22. **I HEREBY CERTIFY** that I attended deceased from 12-7, 1934, to 12-7, 1934; death is said to have occurred on the date stated above, at 9 p.m.  

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

- Nephritis

**BASIS**

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Other Contributory Causes of importance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTHER**

<table>
<thead>
<tr>
<th>Name of operation</th>
<th>Date of operation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What test confirmed diagnosis?</th>
<th>Date of test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accident, suicide, or homicide?</th>
<th>Date of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WHERE**

**MANAGER**
- Manner of Injury
- Nature of injury

<table>
<thead>
<tr>
<th>Accident, suicide, or homicide?</th>
<th>Date of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where did injury occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Specify city or town, county and State)</td>
</tr>
<tr>
<td>Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.</td>
</tr>
</tbody>
</table>

**24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
- If so, specify
  - Nature of injury
  - Date of injury

**SIGNED**
- (Signed) M. D.
- (Address) Hagerstown

**FILED**
- Date: Dec 10, 1934
- Registrar: Hagerstown
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

<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>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

**Example II**

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

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No. 4
   No. 605 Columbia 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)
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 605 Columbia St., 3 Ward.
   (Usual place of abode)

   21. DATE OF DEATH
      (Month) Dec 10
      (Day) 4
      (Year) 1934

   I HEREBY CERTIFY, That I attended deceased from
   Dec 10, 1934 to Dec 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from
   Dec 10, 1934 to Dec 10, 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.

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</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>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany, WITHIN CORPORATE LIMITS, Registration Dist. No. 4
   Village or City: Cumberland, No. 301, Harrison St., 5, Ward.

2. FULL NAME
   Frank B. Yeider
   (a) Residence: No. 301, Harrison St., 5, Ward.

   (Usual place of abode)

   PERSONAL AND STATUTORY PARTICULARS
   3. SEX
      Male
   4. COLOR OR RACE
      White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
      Married
      5a. If married, widow, or divorced HUSBAND of
      Pauline Castiel
   6. DATE OF BIRTH (month, day, and year)
      Dec. 28, 1875
   7. AGE
      Years: 59
      Months: 10
      Days: 29
   8. TRADE, PROFESSION, OR PARTICULAR kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.
      Husband
   9. INDUSTRY OR BUSINESS IN WHICH work was done as SILK MILL, SAW MILL, BANK, etc.
      Textile
   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)
      Va.
   13. NAME
      Frank B. Yeider
   14. BIRTHPLACE (city or town)
      (State or country)
      Va.
   15. MAIDEN NAME
      Mary Wolfard
   16. BIRTHPLACE (city or town)
      (State or country)
      Md.
   17. INFORMANT (Address)
      Mrs. F. E. Yeider, Cumberland, Md.
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Baltimore, Md. Date: 1-2-31, 1934
   19. UNDERTAKER
      (Address)
      Lemp, Stein Co.
      Dec. 29, 1934, Autopsy

   20. FILED
      Dec. 29, 1934, Autopsy
      Registrar.

   If nonresident, give city or town and State of residence.

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH
      (Month) Dec. 28 (Day) 1934 (Year)

   22. I HEREBY CERTIFY, that I attended deceased from
      Nov. 19, 1934, to Dec. 28, 1934.
      I last saw him alive on Dec. 28, 1934.
      Death is said to have occurred on the date stated above, etc.
      M.
      Date of onset
   23. The PRINCIPAL CAUSE OF DEATH and other causes of importance:
      Chronic Allegamia
      Dec. 29, 1934
      Other Contributory Causes of Importance:
      Cardiac Stenosis
      Dec. 29, 1934
      Name of operation
      Date of
      What was confirmed diagnosis? Chronic
      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?
      Specified city or town, county and State
      Indicate whether injury occurred in INDUSTRY, HOME, or in PUBLIC PLACE.
      Manner of injury
      Nature of injury
      Where disease or injury in any way related to occupation of deceased?
      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 home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN