STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   No. St. Ward: 406 St., No. 4, 4th Ward
   Registration Dist. No.: 185
   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. St., 4th Ward
   (Usual place of abode)
   If nonresident give city or town and State
   Jefferson Adams

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

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

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

7. AGE
   Years: About 65
   Months: 0
   Days: 0
   If LESS than 1 day, hrs. or min.

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

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)
   Havre de Grace
   (State or country)

13. NAME
   Jefferson Adams

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

15. MAIDEN NAME
   Harriet Davidson

16. BIRTHPLACE (city or town)
   Havre de Grace
   (State or country)

17. INFORMANT
   Havre de Grace Hospital
   Address

18. BURIAL, CREMATION, OR REMOVAL
   Date: Dec. 1, 1935

19. UNDERTAKER
   DeFries, F. A.

20. FILED
    1936, Dec. 18
    Registrar

21. DATE OF DEATH
   February 7, 1936

22. I HEREBY CERTIFY
   That I attended deceased from
   Feb. 17, 1936, to Feb. 27, 1936
   I last saw him alive on Feb. 27, 1936; 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:

   Autopsy, certified by

   Other Contributory Causes of importance:

   Arthur D. Adams

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of injury
   Where did injury occur?
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   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)
   James O. Bay
   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 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>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<td>Arteriosclerosis</td>
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</tr>
<tr>
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: Harford Co.
   - Village or City: Hartford, Co. Home
   - Length of residence in city or town: 36 yrs.

2. **FULL NAME**
   - Agustina Batista

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **3. SEX**: female
   - **4. COLOR OR RACE**: white
   - **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED**: widowed
   - **6. DATE OF BIRTH**: May 14, 1850
   - **7. AGE**: 84 years, 8 months, 22 days
   - **8. TRADE**: Mma
   - **10. DATE DECEASED LAST WORKED AT**: this occupation (month and year)

4. **MEDICAL CERTIFICATE OF DEATH**
   - **21. DATE OF DEATH**: Jul 5, 1935
   - **22. I HEREBY CERTIFY**: I attended deceased from Jan 1, 1934, to Jul 6, 1935; death is said to have occurred on the date stated above, at 3:30 P.M.
   - **The Principal Cause of Death and related causes of importance were as follows**:
     - [Handwritten note]

5. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
   - [Handwritten note]

6. **INFORMANT**
   - [Handwritten note]

7. **BURIAL, CREMATION, OR REMOVAL**
   - Place: St. Ignatius
   - Date: July 8, 1935

8. **UNDOER TAKER**
   - Dean J. Sedge

9. **FILED**
   - Filed: Feb 8, 1936

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

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</tr>
<tr>
<td>Date of onset</td>
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</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
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<td>3 days ago</td>
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<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
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<td>May 1, 1923</td>
<td>1 year</td>
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</table>

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

1. PLACE OF DEATH
   County: Harford
   Village or City: near Taylors
   Length of residence in city or town where death occurred: 50 yrs.
   No. St., Ward: (If death occurred in a hospital or institution, give its Name instead of street and number)

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

3. SEX
   Female
   4. COLOR OR RACE
   White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Cross the word)
   Married
   5a. If married, widowed, or divorced
   HUSBAND or (or) WIFE of
   James E. Beatty

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

7. AGE
   Years: 75
   Months: 10
   Days: 8
   If LESS than 1 day, hours, or minutes

8. Trade, profession, or particular kind of work done, as SPINNER, SAWRY, 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)
   Shawneetown
   (State or country)

13. NAME
   Jacob Beatty
   (Father)

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

15. MAIDEN NAME
   Elizabeth Ann Campbell

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

17. INFORMANT
   Charles Beatty
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Delmas
   Date: Feb. 18, 1932

19. UNDERTAKER
   F. J. Thomas
   (Address)

20. FILED
   Feb. 18, 1932
   Registrar "J. Thomas R. Brown"

21. DATE OF DEATH
   Feb. 16, 1932
   (Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from
   I last saw her alive on Feb. 12, 1932.
  death is said to have occurred on the date stated above, at 0 A.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Chronic myocardiitis: severe degeneration of the myocardium, a result of coronary artery disease. Posterior sclerosis.
   Heart disease.

   Other Contributory Causes of importance:
   Pulmonary arteriosclerosis

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

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

   Manner of injury:
   Nature of injury:

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

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

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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>Date of onset 1 week ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>Date of onset 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Harford Co.
   Village or City: Benson
   Length of residence in city or town where death occurred: 50 yrs., mos., ds.

2. FULL NAME: Anna Reynolds Benson
   Residence: No. Benson

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Female
   COLOR OR RACE: White
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

4. DATE OF BIRTH (month, day, and year): Nov 29, 1862

5. AGE: 71 yrs., 2 mos., 28 days

6. DATE OF BIRTH (month, day, and year): Nov 29, 1862

7. BIRTHPLACE (city or town): Gerald Co., Pa., Md.

8. OCCUPATION: More

9. Cause of death: Carcinoma Sigmoid

10. Contributory Causes of Importance:

11. DIED OF:

12. Certificate of death signed by:

13. Doctor:

14. Name of doctor:

15. Name of hospital:

16. Date of death:

17. Date of burial:

18. Date of cremation:

19. Date of removal:

20. Date of filing:

21. Date of death: July 21, 1935

22. Place of death:

23. Cause of death:

24. Contributory causes of death:

25. Certificate of death signed by:

26. Date of signing:

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

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death</th>
<th>Date of onset</th>
<th>Related causes of importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
<td></td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
<td></td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td></td>
<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: Hartford Co
   Village or City: White Marsh, Md
   Registration Dist. No.: 189

2. FULL NAME
   Wesley Bond
   Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX      6. DATE OF BIRTH
   Male

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

4. COLOR OR RACE    7. AGE
   Black

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

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

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

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

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

13. NAME
   Husband

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

15. MAIDEN NAME
   Unknown

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

17. INFORMANT
   Margaret Stanley Lemon
   (Address): P.O. Box 85, White Marsh, Md

18. BURIAL, CREMATION, OR REMOVAL
   Place: County Home, Date: Feb. 8, 1935

20. UNDERTAKER
   (Address): Lee & Johnson

21. DATE OF DEATH
   (Month): July
   (Day): 7
   (Year): 1935

22. I HEREBY CERTIFY
   That I attended deceased from
   1935 to Feb. 8, 1935.

   To have occurred on the date stated above, at 4:15 P.M.
   Death is said to have occurred on the date stated above, at 4:15 P.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Stomach Cancer, Adenocarcinoma of the stomach.

   Other Contributory Causes of Importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?: None
   Date of Injury: Feb. 8, 1935
   Where did injury occur?: White Marsh, Md
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.
   Nature of injury: None
   Manner of injury: None
   Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased?: None
   Date of: None
   If so, specify: None
   (Signed): None
   (Address): None

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

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

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</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: Harford
Village or City: Linthicum
No. St., Ward: 
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred: 76 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX  Male
4. COLOR OR RACE  White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED  Married
6a. If married, widowed, or divorced HUSBAND of: Lynne &E. Botts
6b. If married, widowed, or divorced WIFE of: 

7. DATE OF BIRTH (month, day, and year)
Oct. 6 1868

8. AGE
Years: 76
Months: 3
Days: 29
If LESS than 1 day, hrs. or min.: 

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BODKKEEPER, ETC.
Labour

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

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

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

13. NAME
Isaac Thomas Botts

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

15. MAIDEN NAME
Mary Shephard

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

17. INFORMANT (Address)
Mary Grady Botts

18. BURIAL, CREMATION, OR REMOVAL
Place, Date: River Hill, Mt. Calvary, Feb. 8, 1935

19. UNDERTAKER (Address)
H. S. Bailey, Undertaker

20. FILED
Feb. 7, 1935. M. O. Brink, Registrar

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Month) 7, 1935
(Day) 5, 1935
(Year) 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1935, to Feb. 7, 1935, death is said to have occurred on the date stated above, at 12 noon. 

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

Nephritis. 
Chronic nephritis, duration not stated.

Other Contributory Causes of importance: 

Mycococcal infection, duration not stated.

Name of operation: 

Date of:

What was 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: 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 disaaa or injury in any way related to occupation of deceased? 

If so, specify: 

(Signed) 

(Address) 

M. O. Brink, 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:

- 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, 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>
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<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

---

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Laurel
   Length of residence in city or town where death occurred: 76 yrs. 8 mos. 6 ds

2. FULL NAME
   Conrad Breidenbaugh

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH
   Month: April
   Day: 16
   Year: 1873

7. AGE
   Years: 91
   Months: 9
   Days: 27

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

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

10. Date deceased last worked at this occupation (month end year)
    1925

11. Total time (years) spent in this occupation
    65

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

13. NAME
    Conrad Breidenbaugh

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

15. MAIDEN NAME
    Not Known

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

17. INFORMANT
    Edward Breidenbaugh
    White Hall, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Helen
    Date: Feb. 14, 1933

19. Undertaker
    Charles F. Brown

20. Filed
    Feb. 14, 1933

21. DATE OF DEATH
    Month: Feb.
    Day: 12
    Year: 1933

22. I HEREBY CERTIFY, That I attended deceased from
    Feb. 9, 1933, to Feb. 10, 1933.

   I last saw him alive on Feb. 10, 1933; death is said
   to have occurred on the date stated above, at 11 a.m.

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

   Other Contributory Causes of importance:

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

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County. Harford
   Village or City. Emmorton
   Length of residence in city or town where death occurred. 20 yrs. mos. ds.

2. FULL NAME. Virginia E. Burrier
   Residence: No. Emmorton, Harford St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX. Female
4. COLOR OR RACE. White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (enter the word) Widower
   HUSBAND of (or WIFE of) Howard H. Burrier
6. DATE OF BIRTH (month, day, and year) Dec. 7, 1859
7. AGE Years. 65 Months. 1 Days. 29
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. School Teacher
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) Scarboroug
13. NAME Harriett H. Scarboroug
14. BIRTHPLACE (city or town) Scarboroug
15. MAIDEN NAME Sarah S. Starkey
16. BIRTHPLACE (city or town) Scarboroug
17. INFORMANT Mrs. Mary E. Jones
18. BURIAL, CREMATION, OR REMOVAL Place. Michael Date. July 9, 1933
19. Undertaker. Dean L. Teter
20. FILED Feb. 8, 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) Feb. (Day) 6 (Year) 1933
   I HEREBY CERTIFY. That I attended deceased from
   to have occurred on the date stated above, at
   The principal cause of death and related causes of importance
   were as follows:
   Angina Pectoris
   Other Contributory Causes of importance:
   Name of operation. Date of
   What test confirmed diagnosis? Was there an autopsy?
   22. 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, town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   Manner of injury.
   Nature of injury
   23. Was disease or injury in any way related to occupation of deceased?
   If so, specify. M.D. (Address)

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

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

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

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

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Churchville, Md
   - Length of residence: 10 yrs

2. **FULL NAME**
   - Ethel Plummer Caldwell

---

### 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>

---

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
   - Feb 7, 1935

---

### BIRTHPLACE

12. **BIRTHPLACE**
   - Va

---

### OCCUPATION

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

---

### BURIAL, CREMATION, OR REMOVAL

19. **UNDERTAKER**
   - Howard K. McComas

---

### INFORMANT

17. **INFORMANT**
   - James F. Plummer

---

### OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

22. **I HEREBY CERTIFY**
   - That I attended deceased from Jan 9, 1935, to Jan 12, 1935
   - Pulmonary Tuberculosis

---

### UNDERTAKEN

19. **UNDERTAKEN**
   - Howard K. McComas

---

### FILED

20. **FILED**
   - Feb 8, 1935

---

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
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<th>Date of onset</th>
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<th>Date of onset</th>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th></th>
<th>Other contributory causes of importance:</th>
<th></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. Harford
   Village or City. Havre de Grace
   No. of Hospital. 1
   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: N. Street, Ea., Md.
   Personal and Statistical particulars
   Sex: Male
   Color or Race: White
   Single, Married, Widowed, or Divorced: Single
   Date of Birth (month, day, and year): Jan. 21, 1930
   Age: 57
   Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer
   Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: None
   Date deceased last worked at this occupation (month end year): Jan. 21, 1930
   Total time (years) spent in this occupation (month end year): 57
   Place of Birth (city or town): Harford Co., Md.
   Father's Name: Isaac Carr
   Mother's Name: Anna Warren
   Birthplace of Parents: Harford Co., Md.
   Informant: Hayaker, Mrs.
   Undertaker: H. J. Gray & Co.
   Date of Burial, Cremation, or Removal: Feb. 18, 1930
   Place: Friend's House
   Registration Dist. No. 185
   Date of Death: Feb. 16, 1930
   Name of operation: None
   What test confirmed diagnosis?: None
   Was there an autopsy?: No
   Principal Cause of Death: Chronic Drinker
   Other Contributory Causes of Importance:

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY That I attended deceased from Jan. 21, 1930, to Feb. 16, 1930; death occurred on the date stated above, at 12 A.M.

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

Date of onset: Feb. 16, 1930

Other Contributory Causes of Importance:

Name of operation: None
What test confirmed diagnosis?: None
Was there an autopsy?: No
Principal Cause of Death: Chronic Drinker
Other Contributory Causes of Importance:

Manner of Injury: None
Nature of Injury: None

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

If not, specify:

Address: Friend's House
(Signed): E. J. Gray

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

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

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

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

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

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

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

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

2. FULL NAME
   Thomas Emory Cathcart
   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
   HUSBAND or WIFE: Mary Susan Cathcart
6. DATE OF BIRTH (month, day, and year): Dec 8, 1905
7. AGE: Years 82, Months 0, Days 0
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Bank Cashier
9. Industry or business in which work was done, as SILK MILL, SAWMILL, BANK, etc.: Retired
10. Date deceased last worked at this occupation (month and year): 1926
11. Total time (years) and spent in this occupation: 0
12. BIRTHPLACE (city or town): Saratoga Springs
   (State or country): N.Y.
13. NAME: Thomas Emory Cathcart
14. BIRTHPLACE (city or town): Baltimore
   (State or country): Md.
15. MAIDEN NAME: Mary Ann Slade
16. BIRTHPLACE (city or town): Baltimore
   (State or country): Md.
17. INFORMANT: Elizabeth Cathcart
   (Address): 435 N. Charles Street, Baltimore
18. BURIAL, CREMATION, OR REMOVAL: Buried
   Place: Baltimore
   Date: Feb 17, 1935
19. UNDERTAKER: F. H. Shinkle
   (Address): 435 N. Charles Street, Baltimore
20. FILED: Feb 17, 1935

21. DATE OF DEATH
   (Month) 02, (Day) 12, (Year) 1935

22. I HEREBY CERTIFY, That I attended deceased from...:
   MARCH 12, 1935, to FEB 12, 1935.
   I last saw him alive on FEB 12, 1935.

   The principal cause of death and related causes of importance:
   Acute Pulmonary Edema
   Cholestasis with generalized Arteriosclerosis

   Other Contributory Causes of Importance:

   Other:

   Accident, suicide, or homicide?: Yes
   Manner of injury:
   Nature of injury:

   If so, specify:

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Where did injury occur?: Baltimore
   Date of Injury: 1935
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE:

   Menne of injury:
   Nature of injury:

   If so, specify:

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

   If so, specify:

   (Signed) Willard P. Hudson, M.D.
   (Address): 435 N. Charles Street, Baltimore
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:

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Naired Gae
   No. 825 S. Market
   Registration Dist. No.: 185
   Length of residence in city or town where death occurred: 81 yrs., mos., ds.
   Ward: 81 yrs., mos., ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME: William Benjamin Cheaney
   Residence: No. 825 S. Market
   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): Married

6. DATE OF BIRTH (month, day, and year): Oct. 30, 1853

7. AGE: 81 yrs., 3 mos., 16 days

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Fishing and Diving

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Nov. 1933

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 60 yrs.

12. BIRTHPLACE (city or town): Harford Co.
    (State or country): Md.

13. NAME: Benjamin Cheaney

14. BIRTHPLACE (city or town): Harford Co.
    (State or country): Md.

15. MAIDEN NAME: Frances Thompson

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

17. INFORMATRY (Address): Mrs. Grace Lee Currie

18. BURIAL, CREMATION, OR REMOVAL: Wesleyan Chapel, Dena.

19. UNDERTAKER: J. Madison Mitchell
    (Address): 825 S. Market St., City.


21. DATE OF DEATH: February 16, 1935

22. I HEREBY CERTIFY. That I attended deceased from
   Nov. 18, 1934, to Feb. 16, 1935, I last saw him alive on Feb. 16, 1935;
   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:
   Arteriosclerosis Angina Pectoris

MEDICAL CERTIFICATE OF DEATH

Other Contributory Causes of Importance:

EXHAUSTION

Name of operation: None

Date of:

What test confirmed diagnosis? Was there an autopsy?

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

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

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

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

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Baltimore
   Registration Dist. No.: 461
   Length of residence in city or town where death occurred: 6 yrs.

2. FULL NAME
   Name: James H. Crossley
   Residence: Broadway

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH
   Unknown

7. AGE
   Unknown

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

9. OCCUPATION
   Unemployed

10. DATE DECEASED LAST WORKED AT
    Unemployed

11. TOTAL TIME SPENT IN THIS OCCUPATION
    Unemployed

12. BIRTHPLACE
    Unemployed

13. NAME
    James H. Crossley

14. BIRTHPLACE
    Baltimore

15. MAIDEN NAME
    Unknown

16. BIRTHPLACE
    Baltimore

17. INFORMANT
    Mr. J. B. Crossley

18. BURIAL, CREMATION, OR REMOVAL
    Place: National Park
    Date: Feb 25th, 1935

19. UNDERTAKER
    Henry T. Johnson

20. FILED
    Feb 25, 1935

21. DATE OF DEATH
    Month: 19
    Day: 30
    Year: 1935

22. MEDICAL CERTIFICATE OF DEATH
    I HEREBY CERTIFY that I attended deceased from
    Dead, due to illness, 19.
    Last seen alive on
    Died, due to illness, 19.
    Death occurred on the date stated above, at
    Date of symptoms:
    Name of operation
    Date of onset
    Date of operation
    Worse than usual due to:
    Was there an autopsy?
    Was the cause of death due to:
    Accident, suicide, injury, 19.
    Where did injury occur?
    Specify whether injury occurred in:
    Industry, in home, or in public place
    Manner of injury
    Nature of injury
    Disease or injury in any way related to occupation of deceased?
    If so, specify

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.

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

Other contributory causes of importance:

Gallstones | Date of onset | Other contributory causes of importance:

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Bel Air
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. or of foreign birth?: yrs. mos. ds.

2. FULL NAME
   Perry Dowery
   Residence: Jamesville, St. W

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): Not known
7. AGE: About 80

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

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

10. Date deceased last worked at this occupation (month and year):
    Date of decease: 1932

11. Total time (years) spent in this occupation: Not known

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

13. NAME: Perry Dowery

14. BIRTHPLACE (city or town) (State or country): Not known

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT (Address): McGurk, E brandt

18. BURIAL, CREMATION, OR REMOVAL
   Place: James eden, Date: Feb 27, 1935

19. UNDERTAKER (Address): E. S. Richardson

20. FILED: Feb 21, 1935

REGISTRAR

If more blanks are needed, address State Registrar, 2411 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 housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1925 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

________________________

________________________

________________________

________________________

________________________

________________________

________________________
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: North Potomac
   Registration Dist. No.: 135
   Hospital: St. Grace
   Ward: 4
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. not married
   St., Ward:

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year) Feb. 18, 1894
7. AGE Years Months Days
   If LESS than 1 day, ___ hrs. or ___ min.

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

9. Industry or business in which work was done, as SAW 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) Harford de Grace

13. NAME John Armstrong
14. BIRTHPLACE (city or town)
   (State or country) St. Louis, Mo.

15. MAIDEN NAME Margaret Fulton
16. BIRTHPLACE (city or town)
   (State or country) Galax, Va.

17. INFORMANT
   Name: Harford de Grace
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Harford de Grace
   County: Harford
   Date: Feb. 21, 1935

19. Undertaker
   Name: Charles J. Troy
   Address: St. Grace, Md.

20. FILED
   Date: Feb. 20, 1935
   Registrar: Harford de Grace

21. DATE OF DEATH
   Month: Feb.
   Day: 18
   Year: 1935

22. I HEREBY CERTIFY. That I attended deceased from
   19__ to ___ 19__
   I last saw him alive on 19__
   He died on 19__
   Death occurred on the date stated above,

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

Stell Bazz

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 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.B. Stearns
   (Address) Harford de Grace

If more blanks are needed, address State Registrar, 2911 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

Other contributory causes of importance:
Gallstones | Other contributory causes of importance:
Gastroenteritis | May 1, 1925 | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Darlington, Md.
   Length of residence in city or town where death occurred: 50 yrs...

2. FULL NAME
   Henry Dutton

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   (Month, day, and year) 1876

7. AGE
   Years: About 69
   Months: 11
   Days: 0

8. OCCUPATION
   Laborer

9. DATE deceased last worked at this occupation
   1933

10. MOTHER or FATHER
    Name:

11. BIRTHPLACE (city or town)
    Harford Co.

12. NAME
    Unknown

13. BIRTHPLACE (city or town)
    Harford Co.

14. DATE OF DEATH
    Feb. 14, 1935

15. MAIDEN NAME
    Unknown

16. BIRTHPLACE (city or town)
    Harford Co.

17. INFORMANT
    Name: Olivia White
    Address: 2714 St.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Darlington, Okt.
    Date: Nov. 18, 1935

19. UNDERTAKER
    Name: A. L. Bailey
    Address: 2714 St.

20. FILED
    Date: Feb. 13, 1935

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

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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

### Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre De Grace
   Length of residence in city or town where death occurred: 93 yrs., 7 mos., 7 days.

2. FULL NAME
   (a) Residence: No. 4 of allin
   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
   Widowed

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

6. DATE OF BIRTH
   (Month, day, and year)
   June 29, 1861

7. AGE
   Years: 73
   Months: 7
   Days: 28

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)

11. Total time (years) spent in this occupation

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

13. NAME
    Sarah E. Tidwell

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

15. MAIDEN NAME
    Sarah Douglas

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

17. INFORMANT
    Mrs. Judd, Havre De Grace

18. BURIAL, CREMATION, OR REMOVAL
    Place: Angel's Rest, Mcll. 3, 1935
    Date: 1935-10-27

19. UNDERTAKER
    Remington, Havre De Grace

20. FILED
    1935-10-27

21. DATE OF DEATH
    (Month, Day)
    Jul. 27
    (Year)
    1935

22. I HEREBY CERTIFY that I attended deceased from
    Dec. 12, 1934, to Jul. 27, 1935.
    I last saw her alive on Jul. 27, 1935.
    Death is stated to have occurred on the date stated above, at 9 a.m.

MEDICAL CERTIFICATE OF DEATH

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

Cause of death:
Cachexia

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 homicida?
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?
   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, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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<td>1921</td>
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<td>Gallstones</td>
<td>July 5, 1927</td>
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</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: Harford
   Village or City: Elizabethtown
   MD
   Registration Dist. No: 141
   No. St., Ward:
   Length of residence in city or town where death occurred:

2. FULL NAME
   Myron Foote
   (a) Residence: No.

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
   (or) WIFE of

6. DATE OF BIRTH (month, day, and year)
   Feb. 21, 1895

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

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Aberdeen MD

13. NAME
    Donald Foote

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

15. MAIDEN NAME
    Ruth Johnson

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

17. INFORMANT
    Donald Foote
    Address:
    Aberdeen

18. BURIAL, Cremation, or Removal
    PLACE: CHALMERS, Date: Feb. 22, 1935

19. UNDERTAKER
    Henry Taylor, Aberdeen MD
    Address:

20. FILED
    Feb. 22, 1935
    Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Feb. 22, 1935

22. I HEREBY CERTIFY that I attended deceased from Feb. 21, 1935, to Feb. 22, 1935, and it is my opinion that death occurred on the date stated above, at 6 P.M.

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

- Premature Birth (6 mos)

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 (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):
   Aberdeen MD

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 5.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Example I

| 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: Harford
- Village or City: Darlington, Md.
- Length of residence: 33 yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS
- SEX: Female
- COLOR OR RACE: White
- SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow
- WIFE OF: Henry L. Grey
- DATE OF BIRTH: July 4, 1860
- AGE: 69 yrs. 3 mos. 4 days

MEDICAL CERTIFICATE OF DEATH
- DATE OF DEATH: Feb 18, 1935
- I HEREBY CERTIFY, That I attended deceased from Jan 16, 1935, to Feb. 18, 1935. I last saw her alive on Feb 16, 1935. Death is said to have occurred on the date stated above, at 5:45 a.m.

The PRINCIPAL CAUSE OF DEATH: Chronic Myocarditis

OCCUPATION: Housework

PLACE OF DEATH: At Home

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

12. BIRTHPLACE: Cecil Co., Md.

13. NAME: Alexander McDowell


15. MAIDEN NAME: Henrietta Chandler

16. BIRTHPLACE: Delaware

17. INFORMANT: Mrs. Linda Harmon

18. BURIAL, CREMATION, OR REMOVAL: Oakwood, Feb 21, 1935

19. UNDERTAKER: H. B. Bailey

20. FILED: Feb 19, 1935

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 5.
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| Case I |
|-----------------|-----------------|
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| Arteriosclerosis | Date of onset | Attack of epilepsy | Date of onset |
| 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 | Date of onset |
| May 1, 1923 | Gastroenteritis | Date of onset |
| 1 year | 1 year |

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Aberdeen
   Registration Dist. No.: 1461
   No. St. Ward
   Length of residence in city or town where death occurred: yrs. 9 mos.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

PERSONAL AND STATISTICAL PARTICULARS

21. DATE OF DEATH
   (Month) 27
   (Day) 1935
   (Year)

22. I HEREBY CERTIFY, That I attended deceased from
   July 29, 1933. 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:
   Acute Myocarditis

   Date of onset: 2.24.35

   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 city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Nomen of injury:
   Nature of injury:

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

   Address:
   (Signed) Claude L. Cross
   M. D.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: Harford Co.
   - Village or City: Chestnut Hill
   - Length of residence in city or town where death occurred: 60 yrs.
   - Who is the person? Martha C. Harkins

2. **FULL NAME**
   - Martha C. Harkins

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

5a. If married, widowed, or divorced, husband or wife of:
   - Husband of: Nathan R. Harkins

6. **DATE OF BIRTH**
   - Apr 19, 1847

7. **AGE**
   - Years: 87
   - Months: 9
   - Days: 24

8. **OCCUPATION**
   - Housewife

9. **DATE DECEASED LAST WORKED AT**
   - This occupation: Housewife

10. **BIRTHPLACE**
    - City or town: Harford Co., MD

11. **INFORMANT**
    - Calvin Harkins
    - Address: Chestnut Hill, MD

12. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Dee Creek, MD. Date: July 16, 1935

13. **UNOERTAKER**
    - S. J. Follett
    - Address: Bel Air, Md.

14. **FILED**
    - Feb 16, 1935

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**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - July 13, 1935

22. **I HEREBY CERTIFY**
    - That I attended deceased from
    - Mar 19, 1935, to July 13, 1935
    - I last saw her alive on July 9, 1935.
    - Death is said to have occurred on July 9, 1935.
    - The principal cause of death and related cause of importance were:

23. **CHRISTIAN CARDIOCARDIO**

24. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - Generalized Arthritis
    - Chronic Tuberculosis
    - Name of operation:

25. **DATE OF ONSET**
    - 6/30/35

---

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

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<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
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<th>Date of onset</th>
</tr>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<td></td>
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<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>
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<td>Cerebral hemorrhage</td>
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<td>3 days ago</td>
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<td>Other contributory causes of importance:</td>
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<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
1. PLACE OF DEATH
   County: Harford
   Village or City: Hill Ave., P.T. 81
   No. St. Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. Full name: Mary Elizabeth Glasgow Archer Harlan
   (Usual place of abode) Ward: Outside

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

6. DATE OF BIRTH (month, day, and year)
   June 8, 1946

7. AGE
   Years: 88
   Months: 8
   Days: 6
   If less than 1 day, ______ hrs. ______ min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Harford County, Maryland

13. NAME
    Frediano Archer

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

15. MAIDEN NAME
    Susannah Glasgow

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

17. INFORMANT (Address)
    Minnie Susannah Glasgow Harlan

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mount Lake. Date: Feb. 14, 1935

19. UNDERTAKER
    Henry F. Tunnicliffe
    (Address) Michael
    Date: Feb. 15, 1935

20. FILED
    Reg. No. 15

21. DATE OF DEATH

   Year: 1935
   Month: Feb
   Day: 14

MEDICAL CERTIFICATE OF DEATH

   I last saw her alive on Feb. 13, 1935; death is said to have occurred on the date stated above, at 12:00 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? No

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

   Accident, suicide, or homicide?: _________ Date of injury: 19.

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

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

   Manner of Injury: ________________________ Nature of Injury: ________________________

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

   If so, specify: _________ (Signed) A. F. You Stope M.D.

   (Address) ________________________

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

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

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<td>1 year</td>
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</tbody>
</table>

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

1. PLACE OF DEATH:
   County: Harford
   Village or City: Havre de Grace
   Registration Dist. No. 122-2
   (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: Paloma Hawkins
   (a) Residence: No. (Usual place of abode)
   St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
   4. COLOR OR RACE: Colored
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   If married, widow, or divorced
   HUSBAND or (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Jan. 27, 1932
7. AGE: 3 yrs. 0 mos. 18 days

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

9. OCCUPATION: Moore

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

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

12. BIRTHPLACE (CITY OR TOWN): Havre de Grace
   (State or country)

13. NAME: James F. Hawkins
   BIRTHPLACE (CITY OR TOWN): Havre de Grace
   (State or country)

14. FATHER NAME: James F. Hawkins
   BIRTHPLACE (CITY OR TOWN): Havre de Grace
   (State or country)

15. MOTHER NAME: Frances Hawkins
   BIRTHPLACE (CITY OR TOWN): Havre de Grace
   (State or country)

16. INFORMANT: James F. Hawkins
   (Address) 

18. BURIAL, CREMATION, OR REMOVAL
   PLACE: Havre de Grace
   PLACE: Havre de Grace
   PLACE: Havre de Grace
   PLACE: Havre de Grace

19. UNDERTAKER: James F. Hawkins
   (Address) 

20. FILED: Jan. 16, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: February 15, 1936
   (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from
   Feb. 13, 1936 to Feb. 15, 1936; I last saw deceased alive on Feb. 15, 1936; death is said
   to have occurred on the date stated above, at
   The principal cause of death was

   Other contributory causes of importance:
   
   Other contributory causes of importance:
   
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UNITED STATES STANDARD CERTIFICATE OF DEATH

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Harford
Village or City: Towson
Length of residence in city or town where death occurred: 6 yrs. 0 mos. 0 ds.

2. FULL NAME

James P. Hawkins

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

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

Feb. 2, 1860

7. AGE

75

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

Farm Labor

9. OCCUPATION

Farm Labor

10. DATE DECEASED LAST WORKED

Feb. 2, 1860

11. TOTAL TIME SPENT IN THIS OCCUPATION (MONTH ENDED YEAR)

12. BIRTHPLACE (city or town)

Baltimore, Md.

13. NAME

James Hawkins

14. BIRTHPLACE (city or town)

Baltimore, Md.

15. MAIDEN NAME

Catherine Morris

16. BIRTHPLACE (city or town)

Baltimore, Md.

17. INFORMANT

Black & Schafabaust

18. BURIAL, CREMATION, OR REMOVAL

Place: Home
Date: Feb. 22, 1935

19. UNDERTAKER

Dean D. Dregr

20. FILED

Feb. 22, 1935

21. DATE OF DEATH

Feb. 22, 1935


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

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

24. If so, specify

(Signed) William P. Hudson, M.D.

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**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

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

**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Sayre de Grace
   Registration Dist. No.: 185
   No. Rayburn St.
   Ward: 5
   Length of residence in city or town where death occurred: yrs., mos., ds.

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

   PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: Colored
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   Age: 70 yrs.
   Occupation: Laborer
   Date of death: Feb. 21, 1935
   Date of birth: Nov. 19, 1864
   Date last worked: June 1935
   Total time spent in this occupation: 50 years

MEDICAL CERTIFICATE OF DEATH
   I last saw him alive on Feb. 21, 1935; 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:
   Carcinoma of the Bladder and Prostate

   Other Contributory Causes of importance:

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

   Date of Injury:
   Manner of injury:
   Nature of injury:

   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.

   If so, specify:

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

   Filed: Feb. 7, 1935
   Registered:

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:

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<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
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<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
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</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>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
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</table>

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

1. **PLACE OF DEATH**
   - County: Hartford
   - Village or City: Hanover Grace
   - Registration Dist. No.: 185
   - Registration Dist. St., Ward: 
   - Length of residence in city or town where death occurred: 1 yrs. 6 mos.
   - How long in U.S. if of foreign birth: yrs. mos. ds.

2. **FULL NAME:** Clara F. Hughes
   - Residency: No. 660 Greenleaf
   - St., Ward: 
   - If nonresident give city or town and State:

**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>Widowed</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced: Husband of (or) Wife of James T. Hughes

6. **DATE OF BIRTH** (month, day, and year): July 1, 1853

7. **AGE**
   - Years: 81
   - Months: 3
   - Days: 5
   - If LESS THAN 1 day, hrs. or min.: 

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

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

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

11. **Occupation**:

12. **BIRTHPLACE** (city or town): Baltimore
    (State or country): MD

13. **NAME**: Benj. T. Emmoroth
14. **BIRTHPLACE** (city or town): Baltimore
    (State or country): MD

15. **MAIDEN NAME**: Mary Wood
16. **BIRTHPLACE** (city or town): Baltimore
    (State or country): MD

17. **INFORMANT**
    - Name: Mrs. Mary Greenleaf
    - Address: Harriet Shuey

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Green Mount
    - Date: July 7, 1935

19. **UNDERTAKER**
    - Name: Isaac Lea
    - Address: Baltimore

20. **FILED**
    - Date: Jul. 8, 1935

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Month: July
    - Day: 7
    - Year: 1935

22. I HEREBY CERTIFY that I attended deceased from Jan., 1930, to Feb. 1, 1935.
    - Last saw alive on: Feb. 4, 1935
    - 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:
      - **Cerebrovascular Disease**
      - **Cerebral Hemorrhage**

    **Other Contributory Causes of importance**:
    - Cardiac 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:
    - Where did injury occur?: (Specify city or town, county and State)
    - Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
    - Manner of injury:
    - Nature of injury:

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

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

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<td>Bureau of</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Run over by street car</td>
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<tr>
<td>1915</td>
<td>Peritonitis</td>
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<td>Chronic interstitial nephritis</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
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</tr>
<tr>
<td>1923</td>
<td>Gastroenteritis</td>
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<td></td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Harford
Village or City: kinase line

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

2. FULL NAME

LeRoy Johnson

(a) Residence: No. 412 Abberon Alley

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

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

Oct. 12, 1912

7. AGE

22 yrs.

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

Day Laborer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

Agriculture

10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

7 yrs.

11. OCCUPATION

Day Laborer

12. BIRTHPLACE (city or town)

Perryman, Maryland

13. NAME

LeRoy Johnson

14. BIRTHPLACE (city or town)

Perryman, Maryland

15. MAIDEN NAME

Robertson

16. BIRTHPLACE (city or town)

Perryman, Maryland

17. INFORMANT

Mrs. W. A. Maefford

18. BURIAL, CREMATION, OR REMOVAL

Place: Perryman, Mdl. County

Date: Feb. 7, 1930

19. UNDERTAKER

Henry York & Son

20. FILED

Jan. 6, 1935

21. DATE OF DEATH

February 4, 1935

22. MEDICAL CERTIFICATE OF DEATH

I hereby certify that I attended deceased from

December 39, 1934, to Feb. 4, 1935, death is said

to have occurred on the date stated above, at

12 noon

The principal cause of death and related causes of importance

were as follows:

Tuberculosis of intestines

and Pertussis

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy

23. IF DEATH WAS CAUSED BY EXTERNAL CAUSES (VIOLENCE) FILL IN 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

(Needed)

(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

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

Other contributory causes of importance:

Gallstones

May 1, 1923

Gastroenteritis

1 year

Example II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   No. St. Ward
   Length of residence in city or town where death occurred: 57 yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 301 Monroe Avenue, Point Breeze, 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
   Married

6. DATE OF BIRTH (month, day, and year)
   Dec. 23, 1877

7. AGE
   Years: 57
   Months: 1
   Days: 10
   If less than 1 year, state in months and 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)

11. TOTAL TIME (YEARS AND MONTHS) SpENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
   State or country

13. NAME
   Hattie E. Gardner

14. BIRTHPLACE (CITY OR TOWN)
   State or country

15. MAIDEN NAME
   Jessie D. Brinn

16. BIRTHPLACE (CITY OR TOWN)
   State or country

17. INFORMANT
   Charles A. Johnson

18. BURIAL, CREMATION, OR REMOVAL
   Place: Angel Dale
   Date: Feb. 7, 1935

19. UNOERTAKER
   Lemmington

20. FILED
   Feb. 7, 1935

REGISTRATION DIST. No. 185

STATE OF MARYLAND—CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month, Day, Year)
   Jul. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from
   June 15, 1935, to July 4, 1935
   Last saw deceased alive on July 4, 1935
   Death said to have occurred on the date stated above, at 11 a.m.

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

   Asthmatic Affections
   Acute Gastritis

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

   Manner of injury.
   Nature of injury.

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

   (Signed) M.D.

   (Address)

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<td>Date of onset: 1915</td>
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<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: May 1, 1923</td>
</tr>
</tbody>
</table>

| Attack of epilepsy | Date of onset: 1 week ago |
| Run over by street car | Date of onset: 1 week ago |
| Peritonitis | Date of onset: 3 days ago |
| Gastroenteritis | Date of onset: 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   Sarah M. Johnson
   Residence: No.
   St., Ward.

3. SEX
   Female

4. COLOR OR RACE
   Colored

5a. If married, widowed, or divorced
   WIFE OF: James A. Johnson

6. DATE OF BIRTH
   March 6, 1874

7. AGE
   60 yrs., 11 mos., 22 days

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

9. OCCUPATION
   at home

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

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

12. BIRTHPLACE
    Harford Co.

13. NAME
    Stephen A. Johnson

14. BIRTHPLACE
    Harford Co.

15. MAIDEN NAME
    Hannah Prebury

16. BIRTHPLACE
    Harford Co.

17. INFORMANT
    Lewis A. Johnson

18. BURIAL, CREMATION, OR REMOVAL
    Soulman, Date: March 3, 1935

19. UNDERTAKER
    J. Bailey

20. FILED
    01853

21. DATE OF DEATH
    Jan. 18, 1935

22. I HEREBY CERTIFY

I last saw him alive on:

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

25. Other Contributory Causes of importance:

   Pneumonia, Chronic

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

   Accident, suicide, or homicide:

   Manner of injury:
   Nature of injury:

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Perryman
   No.
   Registration Dist. No. 181
   Length of residence in city or town where death occurred: 9 yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

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

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
   4. COLOR OR RACE
   Female
   Colored

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

   6. DATE OF BIRTH (month, day, and year)
   Dec. 10th, 1911

   7. AGE
   Years: 13

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, 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)
   Jan. 1935

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

   12. BIRTHPLACE (city or town)
  אגourt, Georgia

   13. NAME
   James Austin
   Smith

   14. BIRTHPLACE (city or town)
   South Carolina

   15. MAIDEN NAME
   Bester Leah

   16. BIRTHPLACE (city or town)
   South Carolina

   17. INFORMANT
   Mrs. Bester Leah
   Perryman

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Uninm. Date: Feb. 13, 1935

   19. UNDERTAKER
   Henry James Loya
   Address

   20. FILED
   2/12/35

   21. DATE OF DEATH
   (Month) 1
   (Day) 9
   (Year) 1935

   22. I HEREBY CERTIFY that I attended deceased from
   Jan. 26
   1931.
   I last saw him alive on July 29, 1935.
   Death is said to have occurred on the date stated above, at 2:00 p.m.
   The principal cause of death and related causes of importance were as follows:
   Pneumonia

   Date of onset
   Feb. 4

   Other Contributory Cause of importance:
   Scurrilitis, Atrophic Nerve
   1-26-35

   Name of operation
   Date of

   What test confirmed diagnosis? 
   Was there an autopsy? 26

   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? 26
   If so, specify
   (Signed) M. D.
   (Address)

   25. If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting F. 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:

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<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Bush
   Registration Dist. No.: 180
   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: Joseph Lee Leftridge
   (a) Residence: No.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
   HUSBAND OF: Sashare H. Leftridge

6. DATE OF BIRTH (month, day, and year): Sept 29, 1863
7. AGE: Years, Months, Days: 71, 4, 15
   If LESS THAN 1 day, ___ hrs. ___ min.

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

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

10. 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): Tennessee

13. NAME: Joseph Lee Leftridge

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

15. MAIDEN NAME: Neelman

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

17. INFORMANT: William H. Leftridge
   Address: P.O. Box 1

18. BURIAL, CREMATION, OR REMOVAL
   Place: Adkins, Va.
   Date: Feb. 16, 1925

19. UNDERTAKER: Howard K. McComas
   (Address): Abingdon, Md.

20. FILED: Feb. 16, 1925
   Local Registrar: Fred O. Hodson

21. DATE OF DEATH
   (Month) 15
   (Day) 1935
   (Year)

   I last saw h. in alive on Feb 15, 1935, at 8 A.M. to have occurred on the date stated above, at 8 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Arteriosclerotic Heart Disease
   with Hypertension
   Coronary Occlusion

   Date of onset:

   Other Contributory Causes of Importance:

   Name of operation:
   Date of:
   What last confirmed diagnosis? History of:
   Where 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)

   Manner of Injury:
   Nature of Injury:

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

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

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 |
| Ran 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

Deceased had gone about usual morning duties without premonitory sudden collapse which preceded death by five ten minutes. Death had occurred a few minutes before my arrival. Potterhaus, M.D.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Leonardtown
   Registration Dist. No.: 220
   No. St., Ward: 181
   Length of residence in city or town where death occurred: 70 yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME: Mary J. Liney
   (a) Residence: No. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word):
   (or WIFE of)
   Husband's Name: Jacob Liney
6. DATE OF BIRTH (month, day, and year): July 14, 1853
7. AGE (Years, Months, Days): 71, 7, 13
   Less than 1 day, 0 hrs., or 0 min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.:
   Occupation: Housework
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): 1930
11. Total time (years) spent in this occupation: Life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 2/27/30
22. I HEREBY CERTIFY, That I attended deceased from:
   2/20, 1930, to 2/27, 1930.
   Last saw her alive on 2/26, 1930, death is said to have occurred on the date stated above, at 9:11 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
   Cause of Death: Pulmonary Emphysema
   Date of onset: 3/12
   Other Contributory Causes of Importance:
   Cause: Autoimmune accident
   Date: 3/12

13. NAME: Edward A. Roberts
14. BIRTHPLACE (city or town) (State or country): Pennington, Md.
15. MAIDEN NAME: Elizabeth Fox
16. BIRTHPLACE (city or town) (State or country): Pennington
17. INFORMANT (Address): Oliver Blakeley
18. BURIAL, CREMATION, OR REMOVAL:
   Place: Md., Graceland
   Date: March 1, 1930
19. UNDERTAKER (Address): A. S. Bailey, Floyds
20. FILED: Feb. 28, 1930, Burtwe B. Knight

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

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

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

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

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

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

Other contributory causes of importance:

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

### Example II

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

1. PLACE OF DEATH
   County: Harford.  
   Village or City: Emmorton, Md.  
   Length of residence in city or town: 2 yrs.  
   How long in U.S. if of foreign birth: yrs. mos. ds.

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

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

7. DATE OF BIRTH (month, day, and year) Feb. 2, 1868
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. none
9. OCCUPATION Industry or business in which work was done or SAW MILL, BANK, ETC.  
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. none
10. Date deceased last worked at this occupation:  
11. Total time (years) spent in this occupation

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

13. NAME James H. Lynch
14. BIRTHPLACE (city or town): Irland.  
   (State or country)
15. MAIDEN NAME Hanorch Sullivan
16. BIRTHPLACE (city or town): Irland  
   (State or country)
17. INFORMANT Mrs. Mary Skillman, Edgewood, R.D.
18. BURIAL, CREMATION, OR REMOVAL Place: St. Francis  
   Date: Feb. 11, 1935
19. UNDERTAKER Howard K. McComas, Abingdon, Md.
20. FILED Feb. 9, 1935
21. DATE OF DEATH FEB. 8 (Month), 1935 (Year)
22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1935, to Feb. 4, 1935, I last saw her alive on Feb. 4, 1935; death is said to have occurred on the date stated above, at 3 A.M.
   The principal cause of death and related causes of importance were as follows: PROGRESSIVE BULBARE PARALYSIS  
   ADVANCED GLAUCOMA  
   ARTERIOSCLEROSIS  
   Other Contributory Cause of importance: BRONCHOPNEUMONIA (INFLUENZA)
   Date of onset: Jan. 12, 1935

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

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Rose De Graze
   R. No.: Franklin
   (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.
   (Usual place of abode)
   Residence: No.
   St. Ward.
   (If not residing give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year)
   Dec. 11, 1862

7. AGE
   Years: 72
   Months: 11
   Days: 5
   If less than 1 day, hours, or minutes:

8. Trade, profession, or occupation
   Kind of work done: Housework

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   John Mitchell

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

15. MAIDEN NAME
    Harriet Sullivan

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

17. INFORMANT
    Florence A. McConnon
    Address:

18. BURIAL, CREMATION, OR REMOVAL
    Place:
    Date:
    Year:

19. UNDERTAKER
    (Address)

20. FILED
    (Address)
    Oct. 17, 1934
    J. Heywood
    Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) Feb. 9
   (Day) 1934
   (Year) 35

22. I HEREBY CERTIFY
    That I attended deceased from
    Jan. 4, 1934, to Feb. 9, 1934.
    I last saw deceased on Feb. 9, 1934.
    Death is said to have occurred on the date stated above, at
    Time: m.

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

Signed:

Other Contributory Causes of Importance:

Name of operation:

What was the 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
       (Signature)
       (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, 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 | RECEIVED | 1915 |
| Chronic interstitial nephritis | MAR 5 1925 | 1921 |
| Cerebral hemorrhage | July 5, 1927 | |

**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

**Example II**

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

**Other contributory causes of importance:**

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Baltimore
   No. St., Ward: 75
   Length of residence in city or town where death occurred: 17 yrs., mos., ds.
   How long in U.S. If of foreign birth?: yrs., mos., ds.

2. FULL NAME
   James George Morris
   Residence: No.
   St., Ward:
   If nonresident give city or town and State:

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Feb. 22, 1872
7. AGE: 62 yrs., 11 mos., 8 days
   If LESS than 1 day, hrs., or min.: 

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Iron Worker
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: AS MILK, 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): Elkridge, Md.
   State or Country:

13. NAME: Edward Morris
    Given Name: Edward
    Maiden Name: Mary Hargreaves
    Mother's Father: 
    Mother's Mother: 
    Mother's Father's Name: 
    Mother's Mother's Name: 

14. BIRTHPLACE (CITY OR TOWN): Dundalk
    State or Country:

15. MAIDEN NAME: Mary Hargreaves

16. BIRTHPLACE (CITY OR TOWN): Dundalk
    State or Country:

17. INFORMANT: Margaret M. Dudley
    Address: 3615 E. Pratt St., Baltimore

18. BURIAL, CREMATION, OR REMOVAL:
    Place: St. Augustine, Date: Feb. 18, 1936

19. UNDERTAKER: Henry T. White
    Address: 

20. FILED: Jan. 19, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Jan. 14, 1936
   (Month) (Day) (Year)

22. I, HEREBY CERTIFY, That I attended deceased (name of deceased)
    Edward Morris
    Age: 62 yrs.
    Last saw him alive on: Feb. 14, 1936
    Death said to have occurred on the date stated above, at 4:30 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Chronic Alkalosis

Other Contributory Causes of Importance:

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

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) Fill in also the following:
    ACCIDENT, SUICIDE, OR HOMICIDE:
    Date of injury:
    Where did injury occur:
    (Specify city or town, county and State)
    Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE

Manner of injury:
Nature of injury:

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
    If so, specify:
    (Signed):
    M.O.

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>
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<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></td>
<td>Date of onset 1 week ago</td>
</tr>
<tr>
<td></td>
<td>Date of onset 1 week ago</td>
</tr>
<tr>
<td></td>
<td>Date of onset 3 days ago</td>
</tr>
<tr>
<td></td>
<td>Date of onset 1 year</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></td>
<td>Date of onset 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Havre de Grace
   Registration Dist. No.: 18
   No.: Havre de Grace Hospital
   Length of residence in city or town where death occurred: yrs. _____ mos. _____
   Ward. _____

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

   Mae E. Clayton
   St., _____ Ward. _____
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   July 24, 1894

7. AGE
   Years: 60
   Months: 0
   Days: 25
   If LESS than 1 day, ______ hrs. ______ or ______ min.

8. TRADE, PROFESSION, OR PARTICULAR
   Housework

9. Industry or business in which work was done
   None

10. Date deceased last worked at this occupation (month and year)
    June 19, 1934

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

12. BIRTHPLACE (city or town)
    (State or country)
    Zheng, P. R. China

13. NAME
    John Anderson

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

15. MAIDEN NAME
    Anna Wicks

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

17. INFORMANT
    (Address)
    Walter Clayton

18. BURIAL, CREMATION, OR REMOVAL
    Place deceased buried
    Date: Feb. 22, 1934

19. UNDERTAKER
    (Address)
    J. E. Chotiner

20. FILED
    (Address)
    Feb. 20, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    February 19, 1935

22. I HEREBY CERTIFY that I attended deceased from
    Dec. 1, 1934, to Feb. 18, 1935
    I last saw h. r. alive on
    Mar. 19, 1935, death is said
    to have occurred on the date stated above, at 3:30 p.m.

    The principal cause of death and related causes of importance
    were as follows:
    Shock following operation
    Hydrops on cord and placent
    Acute nephritis
    Pregnancy 3 1/2 months

    Other Contributory Causes of Importance:
    Hypertension

    Date of onset
    1934

    Name of operation
    Blood transfusion

    What test confirmed diagnosis?
    Blood pressure

    Was there an autopsy?
    Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?
    None
    Date of Injury
    1934
    Where did injury occur?
    Home
    (Specify city or town, county and State)
    Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

    Manner of injury
    Naturally
    Nature of Injury
    None

24. Was disease or injury in any way related to occupation of deceased?
    Yes
    (Signed)
    Dr. S. G. Anderson
    M. D.
    (Address)
    Fort Howard, Md.

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 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, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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<tr>
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 week ago</td>
</tr>
<tr>
<td>June 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 May 1, 1923

Gastroenteritis 1 year

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

## 1. PLACE OF DEATH
- County: Harford
- Village or City: Duke Grace
- Registration Dist. No.: 185
- (If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME
- (a) Residence: No.
- (b) Occupation: None

### PERSONAL AND STATISTICAL PARTICULARS
- SEX: Male
- COLOR OR RACE: White
- MARRIED, WIDOWED, OR DIVORCED: Widow
- If married, widowed, or divorced: HUSBAND of (or) WIFE of
- DATE OF BIRTH (month, day, and year): Feb. 14, 1935
- AGE: Still Born
- Total time (years) spent in this occupation: None

### MEDICAL CERTIFICATE OF DEATH
- DATE OF DEATH (Month, Day, Year): Feb. 14, 1935
- DATE OF DEATH: Feb. 14, 1935
- Cause of DEATH: Hydropsphera, Hemorrhage from Fibrin.
- Principal Cause of DEATH: Hemorrhage from Fibrin.
- Other Contributory Cause(s) of DEATH: None.
- Name of operation: None.
- Date of operation: None.
- What was the confirmed diagnosis? None.
- Was there an autopsy? None.
- Date of Injury: None.
- Nature of Injury: None.
- Manner of Injury: None.
- Place of DEATH: None.

## 24. Was disease or injury in any way related to occupation of deceased?
- If so, specify: None.

## 20. FILED
- Date: Feb. 14, 1935
- Registrar: None.

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

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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>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: Harford.  
   Village or City: Abingdon, Md.  
   Length of residence in city or town where death occurred: yrs. 4 mos.  
   How long in U.S. if of foreign birth: yrs. mos.  

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

PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>colored</td>
<td></td>
</tr>
</tbody>
</table>

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

6. DATE OF BIRTH (month, day, and year): Sept 28, 1934  
7. AGE: Years 4  Months 5  Days  

8. Trade, profession, or particular kind of work done: SPINNER, SAWER, BOOKKEEPER, etc.
9. Industry or business in which work was done: SAW MILL, MILL, BANK, etc.
10. Date deceased last worked at this occupation:  
11. Total time (years) spent in this occupation:  

12. BIRTHPLACE (city or town): John Hopkins Hospital  
   (State or country): Baltimore, Md.

13. NAME: Arthur Johnson,  
   MOTHER FATHER: Virginia.

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

15. MAIDEN NAME: Viola Osborn Preston,  
   MOTHER: Maryland.

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

17. INFORMANT: Viola Preston,  
   (Address): Abingdon, Md.

18. BURIAL, CREMAION, OR REMOVAL:  
   Place: John Wesley  
   Date: Feb. 4, 1935

19. UNDERTAKER: Howard K. McComas,  
   (Address): Abingdon, Md.


21. DATE OF DEATH:  
   (Month) Feb.  
   (Day) 2  
   (Year) 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1934, to Dec. 24, 1934; death is said to have occurred on the date stated above, at 2:40 p.m.  
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  
   Pneumonia  
   Infection  
   Other Contributory Causes of Importance:  

   Name of operation:  
   Was there an autopsy?  

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

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

   (Signed)  
   (Address): M. D. (End of document)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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</tr>
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<td>Date of onset: 1921</td>
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<td>Cerebral hemorrhage</td>
<td>Date of onset: July 5, 1927</td>
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<td>Gallstones</td>
<td>Date of onset: May 1, 1923</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>Date of onset: 1 year</td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
### STATE OF MARYLAND—CERTIFICATE OF DEATH

**1. PLACE OF DEATH**
- County: Harford
- Village or City: Cockeysville

**2. FULL NAME**
- Name: Mary Elizabeth Ristean

**PERSONAL AND STATISTICAL PARTICULARS**
- **SEX**: Female
- **COLOR OR RACE**: White
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Widow

**MEDICAL CERTIFICATE OF DEATH**
- **DATE OF DEATH**: Jan 19, 1935

**21. DATE OF DEATH**
- **Month**: Jan
- **Day**: 19
- **Year**: 1935

**22. I HEREBY CERTIFY**
- That I attended and deceased from Oct 2, 1934, to Jan 19, 1935.
- I last saw her alive on Jan 19, 1935; death is said to have occurred on the date stated above, at 11:45 a.m.

**23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
- **C O R O N A R Y A R T E R I A L D I S E A S E**: Jan 19, 1935

**24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
- **Yes/No**: No

**25. IF YES, SPECIFY**
- **Signed**: Willard P. Audson, M.D.

**26. FILED**
- **Month**: Feb
- **Year**: 1935

If more blanks are needed, address State Registrar, 2424 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<td>1915</td>
<td>1 week ago</td>
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<tr>
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<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Dublin, Md.
   Registration Dist. No.: 184

2. FULL NAME
   (a) Residence No.: 2401
   (b) Occupation: Retired

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF DEATH
   (Month) Feb 17
   (Day) 1935
   (Year)

7. AGE
   Years: 71
   Months: 10
   Days: 29

8. OCCUPATION
   Retired

9. BIRTHPLACE
   City or Town: Norwich
   State or Country: Md.

10. NAME
    Orlando Robbin

11. MOTHER
    Name: Elizabeth Robbin
    Relationship: Mother

12. FATHER
    Name: Unknown
    Relationship: Father

13. MARITAL STATUS
    Married

14. OCCUPATION
    Retired

15. MAIDEN NAME
    Fannie McGruder

16. BIRTHPLACE
    City or Town: Unknown
    State or Country: Unknown

17. INFORMANT
    Name: Elizabeth Robbin
    Relationship: Mother

18. BURIAL, CREMATION, OR REMOVAL
    Place: Toulson, Md.
    Date: Feb 19, 1935

19. UNDERTAKER
    Name: H.S. Bailey
    Address: Burlington, Md.

20. FILED
    Date: Feb 17, 1935
    M.D.

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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</table>

Other contributory causes of importance:

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

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

**1. PLACE OF DEATH**
- County: Harford
- Village or City: Reisterstown
- No. St. Ward

**2. FULL NAME**
- Mary J. Robinson

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
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<th>COLOR OR RACE</th>
<th>SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</th>
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<tbody>
<tr>
<td>Female</td>
<td>Colored</td>
<td>Widow</td>
</tr>
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**3. SEX**
- Female

**4. COLOR OR RACE**
- Colored

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

**HUSBAND or WIFE**
- Larry Robinson

**6. DATE OF BIRTH**
- Month: May
- Day: 17
- Year: 1874

**7. AGE**
- Years: 60
- Months: 1
- Days: 9
- If less than 1 day, hours, or minutes

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

**OCCUPATION**
- Housework

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

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

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

**12. BIRTHPLACE (CITY OR TOWN)**
- Harve de Grace, Maryland

**13. NAME**
- Mary J. Robinson

**14. BIRTHPLACE (CITY OR TOWN)**
- Harve de Grace, Maryland

**15. MAIDEN NAME**
- Blanche Robinson

**16. BIRTHPLACE (CITY OR TOWN)**
- Harve de Grace, Maryland

**17. INFORMANT**
- Caroline Robinson

**18. BURIAL, CREMATION, OR REMOVAL**
- Place: Star of David, Feb. 24, 1935

**19. UNDERTAKER**
- Remington, Towson, Md.

**20. FILED**
- Dec. 25, 1935

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH**
- Month: Feb
- Day: 24
- Year: 1935

**22. I HEREBY CERTIFY That I attended deceased from May 1935 to Feb. 24, 1935, to have occurred on the date stated above, at 3:30 A.M.**

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

**24. DISEASE OR INJURY RELATED TO OCCUPATION OF DECEASED**
- If so, specify: Charles J. Foley, M.D.

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
- None

**REGISTRAR**
- Charles J. Foley

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH
   County: Hartford
   Village or City: White Hall, Ind.  
   Registration Dist. No. 183

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   July 25, 1866

7. AGE
   Years: 68
   Months: 6
   Days: 10

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODUMKEPER, etc.
   At Home

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)

13. NAME OF FATHER
    Edson Bailey

14. BIRTHPLACE (city or town)

15. MAIDEN NAME
    Agnes Calfee

16. BIRTHPLACE (city or town)

17. INFORMANT
    Mr. Samuel Rozeman
    White Hall, Ind.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Bluefield, W. Va.
    Date: Feb. 5, 1934

19. UNDERTAKER
    P. Marshburn

20. FILED
    Feb. 5, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Feb. 2, 1934

22. I HEREBY CERTIFY that I attended deceased from 
    Jan. 27, 1934, to Feb. 2, 1934; death is said 
    to have occurred on the date stated above, at 
    7:30 a.m.

23. Other Contributory Causes of importance:
    Influenza
    Diabetes

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

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<td>July 5, 1927</td>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
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<td>Gastroenteritis</td>
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<tr>
<td>May 1, 1923</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Harford, Maryland
   Registration Dist. No.: 180
   St. Ward: Baltimore
   No. 1432 W. Patterson Pk.
   (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.
   yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. Hull Ave, Med. (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
   HUSBAND of: Katherine White
   Se. If married, widowed, or divorced: HUSBAND or WIFE of
   6. DATE OF BIRTH (month, day, and year)
      May 26, 1865
   7. AGE
      Years: 72
      Months: 6
      Days: 9
      If LESS than 1 year, days, months, or hours.
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
      Stone Mason
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
      Retired
   10. Date deceased last worked at occupation (month end year)
   11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    (State or country)
    Maryland
   13. NAME
      John Gile
   14. BIRTHPLACE (city or town)
    (State or country)
    Maryland
   15. MAIDEN NAME
      Mary Smith
   16. BIRTHPLACE (city or town)
    (State or country)
    Maryland
   17. INFORMANT
      Michael Gile
      Address: 432 W. Patterson Pk.
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Holy Redeemer, Date: March 4, 1935
   19. UNDERTAKER
      Gile & Gile Bros.
      Address: 403 W. Wolfe St.
   20. FILED: March 1, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Feb 28, 1935
    (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    Feb. 21, 1935, to Feb. 28, 1935:
    I last saw him alive on Feb. 19, 1935; death is said to have occurred on the date stated above, at 6:30 p.m.
    The principal cause of death and related causes of importance were as follows:
    Chronic Myocarditis
    Cardiac Decompensation
    Chronic Rheumatic Disease

   Other Contributory Causes of importance:
    Cardiac 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:
    Date of injury: 1935
    Where did injury occur? (Specify city or town, county, and state)
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury:
Nature of injury:

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

Registrar:

Registrar:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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>
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<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></td>
<td></td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<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: Harford Co.          No.             Registration Dist. No. 18.0
   Village or City: Jarrettsville. (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. 6 mos. 23 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

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

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      Female       4. COLOR OR RACE
      White

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

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

   7. AGE
      Years: 78        Months: 4        Days: 23

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

   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)
      Harford Co. (Maryland)

   13. NAME
      Leonard Wheeler

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

   15. MAIDEN NAME
      Anna M. Johnson

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

   17. INFORMANT (Address)
      Howard Larkin

   18. BURIAL, CREMATION, OR REMOVAL
      Place: St. Ignatius. Date: July 22, 1935

   19. UNDERTAKER (Address)
      Dean John

   20. FILED: Jan. 21, 1935. Virginia Chamberlain

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
      (Month) Feb. 20, 1935
      (Day) 1935

   22. I HEREBY CERTIFY, That I attended deceased from
      I last saw him alive on Feb. 19, 1935, death is said to have occurred on the date stated above, at 8 P.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were, as follows:
      Cerebral Hemorrhage
      Other Contributory Causes of Importance:
      Ch. Gastroenteritis
      Ch. Nephritis

   Name of operation: Date of
   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?
      Date of injury: 1935
      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

   Reg. (Signed)

   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.

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Harford
   Village or City: Churchville

2. FULL NAME
   Sarah Priscilla Steltz

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   WIDOWED

6. DATE OF BIRTH
   Jan. 8, 1867

7. AGE
   68 Years
   1 Months
   16 Days

8. OCCUPATION
   Housewife

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Not applicable

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    Jan. 8, 1934

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    40 Years

12. BIRTHPLACE
    Harford Co

13. NAME
    Sarah Priscilla Steltz

14. BIRTHPLACE
    Harford Co

15. MAIDEN NAME
    Clemency Hughes

16. BIRTHPLACE
    Harford Co

17. INFORMANT
    Vallie R. Steltz

18. BURIAL, CREMATION, OR REMOVAL
    Methodist Church
    Feb. 13, 1934

19. UNDERTAKER
    N. & J. McHale
    Feb. 21, 1934

20. FILED
    Feb. 21, 1934

21. DATE OF DEATH
    Feb. 24, 1935

22. MEDICAL CERTIFICATE OF DEATH
    I HEREBY CERTIFY, That I attended deceased
    I last saw her alive on Feb. 1, 1935.
    death is hereby certified to have occurred on the date stated above, at 10:30 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Cancer
    Other Contributory Causes of Importance:

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

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.
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<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
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<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>
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<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

### Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Harford
   Village or City: Scarborough
   Registration Dist. No.: 187

2. FULL NAME: Martha L. Treakle

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND OF: Edwin Treakle

6. DATE OF BIRTH: Nov. 3, 1844

7. AGE: 87
   Years: 87
   Months: 3
   Days: 2

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housework
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: At home
10. DATE DECEASED LOST WORK AT THIS OCCUPATION: Feb. 11
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 1936

12. BIRTHPLACE (CITY OR TOWN): Green Hill, Harford Co.
   STATE OR COUNTRY: Harford Co.

13. NAME: Martha L. Treakle
    Father: John McKiff

14. BIRTHPLACE (CITY OR TOWN): Green Hill, Harford Co.
    STATE OR COUNTRY: Harford Co.

15. MAIDEN NAME: Elizabeth Rosario
16. BIRTHPLACE (CITY OR TOWN): Harford City
    STATE OR COUNTRY: Harford Co.

17. INFORMANT: Mrs. John McKiff
    Address: [Address]

18. BURIAL, CREMATION, OR REMOVAL:
    Place: Reburied
    Date: Feb. 8, 1936

19. UNDERTAKER: M. B. Bailey
    Address: Barnlington, Md.

20. FILED: Feb. 7, 1936
    M. W. Hink, Registrar

21. DATE OF DEATH: Feb. 5, 1936
    Month: 2
    Day: 5
    Year: 1936

22. I HEREBY CERTIFY, That I attended the deceased from
    Lived on Feb. 5, 1936.
    Death is said to have occurred on the date stated above, at 9:30 A.M.

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

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

[Signature]: A. M. Hink, 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.

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<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
1. PLACE OF DEATH
- County: Harford
- Village: Darlington

2. FULL NAME
- M. Edward Vannoy

3. SEX
- Male

4. COLOR OR RACE
- White

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

6. DATE OF BIRTH (month, day, and year)
- Dec. 8, 1924

7. AGE
- Years: 26
- Months: 3
- Days: 0

8. TRADE, PROFESSION, OR OCCUPATION
- None

9. DIED AT
- None

10. DATE OF DEATH
- Feb. 11, 1935

11. OTHER CONTRIBUTORY CAUSES OF MORTALITY
- None

12. PLACE OF DEATH
- Darlington

13. NAME
- Robert Vannoy

14. BIRTHPLACE (city or town)
- Baltimore

15. MOTHER'S NAME
- Rosia Brooks

16. MOTHER'S BIRTHPLACE (city or town)
- Baltimore

17. INFORMANT
- Robert Vannoy

18. BURIAL, CREMATION, OR REMOVAL
- Haroon Cem., Date: Feb. 13, 1935

19. UNDERTAKER
- J. W. Bailey

20. FILED
- Feb. 12, 1935

Additional notes:
- Registration Dist. No.: 184
- Registration No.: 1871
- 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: 2 yrs, 2 mos, 0 days
- How long in U.S. or of foreign birth: yrs, mos, ds
- If nonresident give city or town and State
- Date of onset: Feb. 10
- Date of death: Feb. 11, 1935
- Name of operation: None
- Date of operation: None
- What test confirmed diagnosis: None
- Was there an autopsy?: None
- Accident, suicide, or homicide?: None
- Date of injury: None
- Where did injury occur?: None
- Specify whether injury occurred in: INDUSTRY, HOME, or IN PUBLIC PLACE.
- Manner of injury: None
- Nature of injury: None
- Was disease or injury in any way related to occupation of deceased?: None
- If so, specify: None

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</tr>
<tr>
<td>Arteriosclerosis</td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>1916</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
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</tr>
<tr>
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<td>3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
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</tr>
<tr>
<td>Gallstones</td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Harford
   Village or City: Abbeville
   Length of residence in city or town where death occurred: 49 yrs. mos. ds.

2. FULL NAME: Hannah Frances Whatley
   (a) Residence: No. 504, View St., Tewkesbury
   (b) HUSBAND of: Marion L. Whitaker
   (c) Occupation: Housewife

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

6. DATE OF BIRTH (month, day, and year): Jan. 5, 1858

7. AGE: 76 yrs. 4 mos. 21 days

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

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

10. Date deceased last worked at this occupation (month and year): Jan. 5, 11

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

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

13. NAME: Marion L. Whitaker
14. BIRTHPLACE (city or town): Abbeville
   (State or country): Maryland

15. MAIDEN NAME: Hannah Frances

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

17. INFORMANT (name and address): Marion L. Whitaker
   Address: 504, View St., Tewkesbury

18. BURIAL, CREMATION, OR REMOVAL
   Place: Abbeville
   Date of: Feb. 5, 1935

19. UNDERTAKER (name and address): John P. Brown
   Address: Tewkesbury

20. FILED: Feb. 5, 1935

21. DATE OF DEATH
   (Month) 3
   (Day) 1935
   (Year)

   Last saw her alive on Feb. 2, 1935; death is said to have occurred on the date stated above, at 4 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Broncho Pneumonia

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of injury: 1935
   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, 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>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
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<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>
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<tr>
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</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
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Other contributory causes of importance:

| Gastroenteritis                                                            | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. **PLACE OF DEATH**
   - County: Harford
   - Village or City: Gabro de Grace

2. **FULL NAME**
   - Edna Maywing
   - (a) Residence: No. 318 E. St.

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - Colored

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

6. **DATE OF BIRTH (month, day, and year)**
   - Jan. 6, 1935

7. **AGE (years, months, days)**
   - 21

8. **OCCUPATION**
   - None

9. **DATE OF DEATH (month, day, and year)**
   - Feb. 25, 1935

10. **DATE OF BIRTH**
    - Jan. 6, 1935

11. **AGE**
    - Years: 21

12. **BIRTHPLACE (city or town)**
    - Harro de Grace

13. **NAME**
    - Edna Maywing

14. **BIRTHPLACE (city or town)**
    - Harro de Grace

15. **MAIDEN NAME**
    - Harro de Grace

16. **BIRTHPLACE (city or town)**
    - Harro de Grace

17. **INFORMANT**
    - Edna Maywing

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: St. John's
    - Date: Feb. 26, 1935

19. **UNDERTAKER**
    - Fain's Sons

20. **FILED**
    - Feb. 26, 1935

21. **DATE OF DEATH**
    - Feb. 25, 1935

22. **I HEREBY CERTIFY**
    - That I attended deceased from
    - I last saw him alive on Feb. 25, 1935; death is said to have occurred on the date stated above, at...

23. **PRINCIPAL CAUSE OF DEATH**
    - Broncho-pneumonia

24. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - None

25. **NAME OF OPERATION**
    - None

26. **DATE OF OPERATION**
    - No operation

27. **DATE OF DEATH**
    - Feb. 25, 1935

28. **MANNER OF INJURY**
    - None

29. **NATURE OF INJURY**
    - None

30. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - No

31. **SIGNED**
    - Claude L. Poindexter

32. **ADDRESS**
    - 536-24th St., Harro de Grace

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