STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Frederick
Village or City: Near Buckeystown, Md.

2. FULL NAME: Mrs. Henrietta Coates Ambush
(a) Residence: No. M. Buckeystown St., Ward. Near Buckeystown, Md.

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

6. DATE OF BIRTH: April 14, 1849
7. AGE: 86
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.: At Home
10. Date deceased last worked at this occupation (month and year): November, 1934
11. Total time (years) spent in this occupation: 50 yrs
12. BIRTHPLACE: Buckeystown, Maryland
13. NAME: William Coats
14. BIRTHPLACE: Maryland
15. MAIDEN NAME: Mary
16. BIRTHPLACE: Maryland
17. INFORMANT: Charles H. Ambush
18. BURIAL, CREMATION, OR REMOVAL: Fairview Cemetery, Frederick, Md.
19. UNDERTAKER: M. R. Etchison & Son
20. FILED: June 24, 1935

21. DATE OF DEATH: June 20, 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935, to June 21, 1935; death is said to have occurred on the date stated above, etc. 8.35 P.M.
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
   If so, specify

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

REGISTRATION DIST. NO. 130

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

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

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

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

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

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

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</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
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<td><strong>Gallstones</strong></td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Near Fredericktown
   Length of residence in city or town where death occurred: 30 yrs, mo., ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

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

6. DATE OF BIRTH (month, day, and year)
   Aug. 22, 1843

7. AGE
   Years: 91
   Months: 8
   Days: 21

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

9. OCCUPATION
   General Farming

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
    6/35

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    70

12. BIRTHPLACE (CITY OR TOWN)
    Virginia

13. NAME OF FATHER
    Robert Hubbard

14. BIRTHPLACE (CITY OR TOWN)
    Virginia

15. MAIDEN NAME
    Virginia

16. BIRTHPLACE (CITY OR TOWN)
    Virginia

17. INFORMANT
    F. M. Hubbard

18. BURIAL, CREMATION, OR REMOVAL
    Place: Fredericktown
    Date: June 12, 1935

19. UNDERTAKER
    N. R. Elliott

20. FILED
    June 12, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) June 12
   (Day) 1935

22. I HEREBY CERTIFY that I attended deceased from
    May 20, 1935, to June 12, 1935.

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)

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

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

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**UNITED STATES STANDARD CERTIFICATE OF DEATH**

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Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County... Frederick
   Village or City... STATE SANATORIUM, MD
   Registration Dist. No. 139
   Length of residence in city or town where death occurred... yrs. 4 mos. 10 ds.

2. FULL NAME... John G. Baier
   Residence... No. 3112 Hudson, Baltimore, Md.
   (Uniform place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)... December 18, 1887
7. AGE... Years 47 Months 5 Days 23
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... Could not obtain
10. Date deceased last worked at this occupation, month and year... Oct. 1, 1935, 13 Yrs.
11. Total time (years) spent in this occupation... 13 yrs.

OCCUPATION

12. BIRTHPLACE (city or town)... Baltimore, Md.
   (State or country)
13. NAME... John Baier
   Germany.
14. BIRTHPLACE (city or town)... Germany.
   (State or country)
15. MAIDEN NAME... Catherine Miller
   Germany.
16. BIRTHPLACE (city or town)... Catherine Baier
   (State or country)
17. INFORMANT... 3112 Hudson St., Balto., Md.
18. BURIAL, CREMATION, OR REMOVAL PLACE... Balto., Md.
   Date... Unknown, 19
19. UNDERTAKER... M. L. Creager
   Thurmont, Md.
20. FILED... 1935, 19

MOTHER NAME... Catherine Baier

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH... June 10, 1935
   (Month) 1935 (Year)
   I last saw him alive on June 10, 1935.
   Death is said to have occurred on the date stated above, at 7 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Pulmonary Tuberculosis... Sept., 1934
   Other Contributory Causes of importance:
   Tuberculous Laryngitis...
   Name of operation... none
   Pos. Sputum Date of...
   What test confirmed diagnosis? Chest X-Ray... yes
   Autopsy?... no
23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?... Date of injury...
   Where did injury occur?... (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury...
   Nature of injury...
24. Was disease or injury in any way related to occupation of deceased?
   If so, specify... (Signed)
   Stewart S. Shaffer, M.D.
   (Address)
   Md.
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<td>1 week ago</td>
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Other contributory causes of importance:

<table>
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<tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Middletown
   No. St., Ward: 132
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

   HUSBAND or WIFE OF
   Omer Biser

6. DATE OF BIRTH
   (Month, day, and year)
   March 23, 1849

7. AGE
   Years: 86
   Months: 2
   Days: 23
   If LESS than 1 day, hrs. or min.

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

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

10. DATE DECEASED LAST WORKED AT this occupation (month and year)
    June, 1875

11. TOTAL TIME (years) SPENT IN THIS occupation
    60

12. BIRTHPLACE
    (City or town)
    Middletown

13. NAME
    Omer Biser

14. BIRTHPLACE
    (City or town)
    Middletown

15. MAIDEN NAME
    Elizabeth Collins

16. BIRTHPLACE
    (City or town)
    Middletown

17. INFORMANT
    (Address)
    Mrs. Catherine Biser

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Interment
    Date

19. UNDERTAKER
    (Address)
    H. Allred

20. FILED
    (Address)
    Registrar

21. DATE OF DEATH
    (Month) (Day), 1935
    June 16

22. I HEREBY CERTIFY, That I attended deceased from
    (Month) (Day), 1935, to (Month) (Day), 1935; death is said to have occurred on the date stated above, at 2:10 P.M.

23. Accident, suicide, or homicide?
    Date of injury

24. Other Contributory Causes of importance:
    Arteriosclerosis

25. Date of onset

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

27. Manner of injury

28. Nature of injury

29. If so, specify
    (Address)
    M. D.

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Other contributory causes of importance:

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

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

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

2. FULL NAME. James M. Boone,
   (a) Residence: No. Near Walkersville,
   (Usual place of abode)
   If U.S. Veteran specifyWar........................................ None

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX Male
   4. COLOR OR RACE White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (marry the word) Married
   5a. If married, widowed, or divorced
      HUSBAND OF (or) WIFE of Carrie B. Boone, nee Nusbaum

   6. DATE OF BIRTH (month, day, and year) Nov. 20, 1858
   7. AGE Years 76 Months 6 Days 28

   Occupation

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month and year) Nov. 1932
   11. Total time (years) spent in this occupation 45

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

13. NAME Henry Boone
    FATHER
14. BIRTHPLACE (city or town) Maryland
    (State or country)

15. MAIDEN NAME Mary Grimes
    MOTHER
16. BIRTHPLACE (city or town) Washington
    (State or country)

17. INFORMANT
    Mrs. Carrie B. Boone
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place Union Chapel
    Date June 21, 1935

19. UNDERTAKER
    G. C. Barton
    (Address)

20. FILED
    June 20, 1935

21. DATE OF DEATH
    June 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from
    July 10, 1935, to August 18, 1935
    I last saw him alive on July 18, 1935; death is said
    to have occurred on the date stated above, at 8:30 A.M.
    The principal cause of death and related causes of importance
    were as follows:
    Enteric
    May be considered 1932

23. Other Contributory Causes of importance:

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

25. Registration Dist. No. 153

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Emergency Hospital at Martinsburg
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. Libertytown, Md. St., outside
   Full Name: Ferguson Everett Brooks,
   (Usual place of abode) 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

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

6. DATE OF BIRTH (Month, Day, and Year)
   June 16, 1935

7. AGE: Years
   Months
   Days
   1 day
   1 hr.
   1 min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Factory or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   New York

9. Date deceased last worked at this occupation (Month and Year)

10. Total time spent in this occupation (Month and Year)

11. Occupation

12. BIRTHPLACE (city or town, State or country)
   Emergency Hospital

13. NAME
   Father: Ferguson Everett
   Mother: Audra Cottrell

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

15. MAIDEN NAME
   (Specify city or town, county and State)

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

17. INFORMANT
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Libertytown
   Date: June 17, 1935

19. UNDERTAKERS
   (Address)

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

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### Example I

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

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

### Example II

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

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Registration Dist. No.: 131
   (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: Infant Bay Brown
   (a) Residence: No. 107-5922 Street
   (b) St., Ward.
   (c) 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 (mark the word)
   Single

   6. DATE OF BIRTH (month, day, and year)
   June 8, 1935

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

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

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

   10. Date deceased last worked at this occupation

   11. Total time (years) spent in this occupation

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

   13. NAME
   Roger Brown

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

   15. MAIDEN NAME
   Susan Brown

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

   17. INFORMANT
   Susan Brown

   18. BURIAL, CREMATION, OR REMOVAL
   Place and Date

   19. UNDERTAKER
   Albert K. Orians

   20. FILED
   June 15, 1935

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
   June 8, 1935

   22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935, 1935, and last saw him alive on June 8, 1935, 1935; death is said to have occurred on the date stated above, at 12:00 M.

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

   Disease or injury

   Other Contributory Causes of importance:

   Name of operation

   Date of

   What test confirmed diagnosis?

   Date of

   Was there an autopsy?

   Date of

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

   Date of injury

   Where did injury occur?

   (Specify city or town, county and State)

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

   Manner of injury

   Nature of injury

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

   If so, specify

   (Signed) J. I. Bourne

   M. D.

   (Address) Frederick

   If more blanks are needed, address State Registrar, 2473 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<th>Example I</th>
<th>Example II</th>
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<tbody>
<tr>
<td>The principal cause of death and related causes</td>
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</thead>
<tbody>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Emmitsburg
   Registration Dist. No. 154
   No. St., Ward
   Length of residence in city or town where death occurred yrs., mos., ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

   PERSONAL AND STATISTICAL PARTICULARS

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

4. COLOR OR RACE
   Male
   White

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

6. DATE OF BIRTH (month, day, and year)
   Feb 17, 1925

7. AGE
   Years
   Months
   Days
   If LESS than 1 year:
   hrs.
   or
   min.

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

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

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)
   Breinigsville, Pa.

13. NAME
    Joseph Brown

14. BIRTHPLACE (city or town)
    (State or country)
    Breinigsville, Pa.

15. MAIDEN NAME
    Ruth Hessing

16. BIRTHPLACE (city or town)
    (State or country)
    Breinigsville, Pa.

17. INFORMANT
    W. B. Brown
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Date

19. UNDERTAKER
    (Address)

20. FILED
    6/15/19

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

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

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

**Example II**

<table>
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<tr>
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<td>Gastroenteritis</td>
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</tr>
</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
# State of Maryland—Certificate of Death

**1. Place of Death**
- County: Frederick
- Village or City: Myerstown
- Length of residence in city or town where death occurred: 50 yrs.

**2. Full Name**
- Name: Charles Clay Brown
- Residence: Myerstown

**Personal and Statistical Particulars**

<table>
<thead>
<tr>
<th>3. Sex</th>
<th>4. Color or Race</th>
<th>5. Single, Married, Widowed, or Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>Married</td>
</tr>
</tbody>
</table>

**Date of Death**
- June 19, 1935

**Medical Certificate of Death**
- I HEREBY CERTIFY that I attended deceased from June 19 to June 19, 1935.
- Cause of death: Coronary occlusion
- Other Contributory Cause of Importance: Arteriosclerosis

**Additional Details**
- Birthplace: Myerstown, Maryland
- Occupation: Sawyer

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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<td>May 1, 1923</td>
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<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: Frederick
   Hospital: Emergency Hospital
   Village: Freeland
   Registration Dist. No.: 121
   No. Emergency Hospital: St.
   Ward: Ward

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

3. SEX
   Female

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

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

6. DATE OF BIRTH
   Month: July
   Day: 27
   Year: 1874

7. AGE
   Years: 50
   Months: 11
   Days: 29

8. OCCUPATION
   Housewife

9. Trade, profession, or particular kind of work done, as SPINNER,
   SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)
    April 1910

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

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

13. NAME
    George Trainer

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

15. MAIDEN NAME
    Hammett Hall

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

17. INFORMANT
    Daily Bennett

18. BURIAL, CREMATION, OR REMOVAL
    Place: Freeland Cemetery
    Date: 6, 19, 1933

19. UNDERTAKER
    (Address)
    M. R. Filkins

20. FILED
    (Address)
    June 15, 1933

21. DATE OF DEATH
    Month: June
    Day: 2
    Year: 1933

22. I HEREBY CERTIFY, That I attended deceased from
    June 1, 1933, to June 2, 1933
    I last saw her alive on June 2, 1933; death is stated
    to have occurred on the date stated above, at 11 P.M.

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide:
    Date of injury: June 2, 1933
    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?
    Disease or injury:
    If so, specify:
    Signed: B. W. Filkins
    M. D.

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

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

To be complete, an occupation return must state:

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Example I

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

Other contributory causes of importance:

| Gallstones                                      | May 1, 1923  |

Example II

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

Other contributory causes of importance:

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

1. PLACE OF DEATH

County... Frederick
Village or City... Near Shookstown
Length of residence in city or town where death occurred... 10 yrs... mos... ds... How long in U.S. if of foreign birth?... yrs... mos... ds...

2. FULL NAME... William Henry Cannon
(a) Residence: No. Near Shookstown

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, year)... January 25, 1858
7. AGE... 76 yrs... 4 mos... 14 days

8. OCCUPATION... Farmer

9. DECEASED last worked at this occupation (month and year)... 6/28
10. Total time (years) spent in this occupation... 50 yrs

12. BIRTHPLACE... Maryland

13. NAME... William H. Cannon

15. MAIDEN NAME... Margaret Mottern

16. BIRTHPLACE... Maryland

17. INFORMANT... Mrs. Alonzo Specht

18. BURIAL, CREMATION, OR REMOVAL... Pleasant Hill Cem. Date... 6/11/35

19. Undertaker... M.R. Etchison & Son

20. FILED... 11 June, 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 housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

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<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
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<tbody>
<tr>
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</table>

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<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
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</tr>
</thead>
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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:

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

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

1. PLACE OF DEATH
County: Frederick
Village or City: Clifton

2. FULL NAME
(a) Residence: Clifton, Frederick Co., Md.

3. SEX
Male

4. COLOR OR RACE
White

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

5a. If married, widowed, or divorced
WIFE of William C. Creager.

6. DATE OF BIRTH (month, day, and year)
Jan. 18, 1849

7. AGE
Years: 86
Months: 4
Days: 17

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.

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

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

12. BIRTHPLACE (city or town)
Frederick Co., Md.

13. NAME
Louisa Virginia Creager

14. BIRTHPLACE (city or town)
Frederick Co., Md.

15. MAIDEN NAME
Louisa C. Lindsey

16. BIRTHPLACE (city or town)
Frederick Co., Md.

17. INFORMANT
Name: Charles Robinson
Address: 201 N. Frederick Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place: Ridgeley
Date: June 25, 1935

19. UNDERTAKER
William C. Creager

20. FILED
Date: June 25, 1935

21. DATE OF DEATH
June 5, 1935

22. HEREBY CERTIFY, That I attended deceased from April 25, 1935, to June 5, 1935, last saw her alive on Griffith Ave., 1935; death is said to have occurred on the date stated above, at 11:00 a.m.

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

Other Contributory Causes of Importance:

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? No
Date of injury
Where did injury occur? (Specify 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)

If more blanks are needed, address State Registrar, 2123 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 or worked for himself, write the occupation or business in which the work was done. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housewife, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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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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<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1922</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: Frederick
   Village or City: Libertytown
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
   Female

4. COLOR OR RACE
   Colored

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

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

6. DATE OF BIRTH (month, day, and year)
   Aug. 5th, 1868

7. AGE
   Years: 66
   Months: 10
   Days: 7

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

8a. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

9. Date deceased last worked at this occupation (month and year)
   June 12, 1933

10. Total time (years) spent in this occupation

11. Occupation

12. BIRTHPLACE (city or town)

   (State or country)
   MD

13. NAME
   William H. Bryan

14. BIRTHPLACE (city or town)

   (State or country)
   MD

15. MAIDEN NAME
   Lucy Bell

16. BIRTHPLACE (city or town)

   (State or country)
   MD

17. INFORMANT
   Sadie Nichols
   Phila.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Libertytown
   Date: June 14, 1935

19. UNDERTAKER
   Pottell & Allbaugh
   Libertytown

20. FILED
   June 14, 1935

Registration Dist. No. 131

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
   June 12th, 1935

22.
   I HEREBY CERTIFY, That I attended deceased from
   .
   I last saw him alive when he was called .

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

   Nasal Atelectasis

   Date of onset

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

   Manner of Injury
   Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
   If so, specify
   (Signed) Otto F. Rowe
   Address: Libertytown, Md.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1923 |

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 Frederick
Village or City Mt. Ephriam
No. St. Ward
Length of residence in city or town where death occurred yrs. mos. ds.
How long in U.S. if of foreign birth yrs. mos. ds.

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

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

7. AGE

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

Place of removal Date

19. UNDERTAKER

20. FILED

REGISTRATION DIST. No. 130

REGISTRATION DIST. No. 130

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan., 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

death is said to have occurred on the date stated above, at 4:45 p.m.

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

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

Accident, suicide, or homicide Date of injury Data of injury
Where did injury occur (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

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

If so, specify

(Signed)

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</tr>
<tr>
<td>of importance were as follows:</td>
<td>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>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1928</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

**1. PLACE OF DEATH**
- County: Frederick
- Village or City: Buckeystown Station
- No.: M. Buckeystown Station
- Registration Dist. No.: 130
- Length of residence in city or town where death occurred: 40 yrs.

**2. FULL NAME**
- Mrs. Gemima Ormes Dixon

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>MARRIED/WIDOWED DIVORCED</th>
<th>HUSBAND/WIFE OF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
<td>Married</td>
<td>Curtis A. Dixon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>AGE</th>
<th>OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>64 yrs.</td>
<td>Housewife</td>
</tr>
</tbody>
</table>

**3. DATE OF DEATH**
- Month: June
- Day: 11th
- Year: 1936

**21. MEDICAL CERTIFICATE OF DEATH**
- DEATH AT Home:
- DATE OF DEATH: June 11, 1936
- DISTRICT ATTORNEY: Unknown

<table>
<thead>
<tr>
<th>OTHER CERTAIN CAUSES OF DEATH</th>
<th>DEATH AT Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of operation:</td>
<td>Date of:</td>
</tr>
<tr>
<td>What was confirmed diagnosis?:</td>
<td>Date of:</td>
</tr>
<tr>
<td>Autopsy?:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23. CAUSE OF DEATH</th>
<th>DEATH AT Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident, suicide, or homicide?:</td>
<td>Date of Injury:</td>
</tr>
<tr>
<td>Where did injury occur?:</td>
<td></td>
</tr>
<tr>
<td>Specified if injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:</td>
<td></td>
</tr>
</tbody>
</table>

**24. NOT SPECIFIED**
- Disease or injury in any way related to occupation of deceased?: No

**17. INFORMANT**
- Mrs. Curtiss A. Dixon
- Buckeystown Station

**18. BURIAL, CREMATION, OR REMOVAL**
- Place: Mt. Olivet Cem.
- Date: 6/14/35

**19. UNDERTAKER**
- M. R. Etchison & Son
- Frederick, Md.

**20. FILED**
- June 13, 1936
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 week ago</td>
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<td>1921</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        |

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

1. PLACE OF DEATH
   County: Frederick, Within the Corporate Limits
   Village or City: Frederick
   Registration Dist. No.: 121
   No.: 10 East Church St.
   Ward:
   Length of residence in city or town where death occurred: 50 yrs.

2. FULL NAME
   (a) Residence: No. 10 East Church St.

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   January 11, 1857

7. AGE
   Years: 15
   Months: 0
   Days: 18
   If less than 1 day, hours, or minutes:

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

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)
    June 29, 1935

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

12. BIRTHPLACE (city or town)
    Maryland

13. NAME
    Samuel Bittis

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

15. MAIDEN NAME
    W. Kathleen Cochran

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

17. INFORMANT
    Miss Mary Jane Bittis

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Olive Cem. 7/21/35

19. Undertaker
    W. R. Etzel & Son

20. FILED
    July 21, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    June 29, 1935

22. I HEREBY CERTIFY. That I attended deceased from
    June 29, 1935, to June 29, 1935.

23. The principal cause of death and related causes of importance were as follows:
    Cerebral Hemorrhage

24. Other Contributory Causes of importance:

25. Name of operation...

26. Date of...

27. What test confirmed diagnosis?

28. Was there an autopsy?

29. Death was due to external causes (violence) fill in also the following:
    Accident, suicide, or homicide?
    Date of Injury...
    Where did injury occur?

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

31. Manner of injury...

32. Nature of injury...

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

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

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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:

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<td>Attack of epilepsy</td>
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<tr>
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<td>Run over by street car</td>
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<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1916</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

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

2. FULL NAME: Elizabeth A. Newhall
   (a) Residence: No. (Usual place of abode)
   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): Single

6. DATE OF BIRTH (month, day, and year): June 22, 1862
7. AGE: 72 Years, 11 Months, 14 Days

8. Trade, profession, or particular kind of work done: Helper with housework
   Industry or business in which work was done: Mill
   Date deceased last worked at this occupation: May 14, 1935
   Total time (years, month, day) spent in this occupation: May 14, 1935

9. OCCUPATION

10. BIRTHPLACE (city or town): Ind.
   (State or country)

11. NAME: Benjamin A. Newhall
    (State or country)

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

13. NAME: Sidney J. Newhall
    (State or country)

14. MAIDEN NAME: Sidney J. Newhall
    (State or country)

15. INFORMANT (Address): Mrs. Ruth V. Newhall, Libertytown

16. BURIAL, CREMATION, OR REMOVAL: Farmand Cemetery, Date: June 10, 1935
   Undertaker: Powell & Albaugh
   (Address): Libertytown
   Place: Libertytown
   Date: June 10, 1935
   Undertaker: Powell & Albaugh
   (Address): Libertytown
   Date: June 10, 1935

17. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 8th, 1935
   (Month) (Day) (Year)

   I last saw him alive on June 8th, 1935; death is said to have occurred on the date stated above, at 6:00 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Hydropericardium

   Other Contributory Causes of importance
   Hydropericardium

   (Address): Libertytown

   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? Yes
   If so, specify...

   (Signed)...
   (Address): Libertytown
   M.D.

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

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</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>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>
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</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

2. FULL NAME: Baby Girl Few
   (a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): June 24, 1935
7. AGE: 0 years, 0 months, 0 days

8. OCCUPATION: (No occupation indicated)

9. DATE DECEASED LAST WORKED AT OCCUPATION: (No information available)

11. Total time (years) spent in this occupation: (No information available)

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

13. NAME: James C. Few
14. BIRTHPLACE (city or town): Maryland
   (State or country): Maryland

15. MAIDEN NAME: Ethel C. Shylock

16. BIRTHPLACE (city or town): (No information available)
   (State or country): (No information available)

17. INFORMANT (Address): Mrs. Few, 6th St., Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL: (No information available)
   Place: Frederick, Md.
   Date: June 24, 1935

19. UNDERTAKER (Address): (No information available)

20. FILED: June 25, 1935
   Registrar: J. M. Curry

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

22. I HEREBY CERTIFY: That I attended deceased from June 1935 to June 2, 1935. I last saw her dead on June 2, 1935. Death is said to have occurred on the date stated above, 10 a.m. The principal cause of death and related causes of importance were as follows:
   Stillborn

23. Other Contributory Causes of Importance:
   Birth Deformity

Other contributory causes of importance:

Name of operating Surgeon: J. C. Few
Date of Operation: June 2, 1935
What test confirmed diagnosis? (No information available)
Was there an autopsy? (No information available)

24. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? (No information available)
   Date of Injury: (No information available)
   Where did Injury occur? (No information available)
   (Specify city or town, county, and State)
   Specify whether injury occurred in INDUSTRY, at HOME, or in PUBLIC PLACE.

25A. Was disease or injury in any way related to occupation of deceased? (No information available)
   If so, specify: (No information available)
   (Address): (No information available)
   M. D.: (No information available)
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 Frederick
   Village or City Frederick
   Registration Dist. No. 131
   No. 213 W. St.
   Ward
   Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 213 W. St.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year) January 12-35

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

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

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

10. Date deceased last worked at this occupation (month and year) January 12-35

11. Total time (years) spent in this occupation

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

13. NAME John Godbee

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

15. MAIDEN NAME

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

17. INFORMANT
   (Address) John Godbee
   Frederick, MD

18. BURIAL, CREMATION, OR REMOVAL
   Place Mount Ayr Cemetery
   Date 6-1-35

19. UNDERTAKER
   Conrad A. Hester
   Frederick, MD

20. FILED
   June 12, 1935
   Registrar
   (Address) Frederick, MD

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

22. I HEREBY CERTIFY. That I attended deceased from June 12, 1925, to June 12, 1935, I last saw h. alive on June 12, 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:

   Still Birth
   (6 months)

   Date of onset June 12, 1935

   Other Contributory Causes of importance:

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

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

   Manner of Injury
   Nature of injury

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

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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.

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></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Frederick, MD
   No. St. Ward
   Village or City: County: Frederick, MD

2. FULL NAME
   Bertha Agnesa Brownridge

   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)
   Aug 7, 1888
   7. AGE
   Years: 46
   Months: 10
   Days: 19

   8. OCCUPATION
   Housewife
   9. Date deceased last worked at this occupation (month and year)
   10. Total time (years) spent in this occupation

   11. Occupation

   12. BIRTHPLACE (city or town)
   Lantzy, Md
   13. NAME
   John W Ambrose
   14. BIRTHPLACE (city or town)
   (State or country)

   15. MAIDEN NAME
   Amanda M Smith

   16. BIRTHPLACE (city or town)
   Maryland
   17. INFORMANT
   Peter M Brownridge
   (Address)

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Lantzy, Md
   Date: June 28, 1936

   19. UNDERTAKER
   Mildred M. Oranger
   (Address)

   20. FILED
   1936. Signed M. J. Steibble
   (Address)

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
   (Month) June
   (Day) 26
   (Year) 1936

   22. I HEREBY CERTIFY
   That I attended deceased from
   1930, to 1936, 1937; 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:
   Paralysis

   Other Contributory Causes of importance:

   Name of operation:
   Date of:
   What test confirmed diagnosis:
   Date of:
   Objective Signs:

   23. If death was due to external causes (VIOLENCE), all 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 or business?
   If so, specify
   (Signed) Dr. Black, M. D.

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

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

To be complete, an occupation return must state:
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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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<td></td>
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</tr>
<tr>
<td>importance:</td>
<td>importance:</td>
</tr>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>May 2, 1923</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td>1 year</td>
</tr>
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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

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

2. **FULL NAME**
   - (a) Residence: No. W. Patrick St.

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - (month, day, and year): Aug 9, 1887

7. **AGE**
   - Years: 47
   - Months: 10
   - Days: 11

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

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

10. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
    - Date: July 21, 1934

11. **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**
    - Date: July 21, 1934

12. **BIRTHPLACE**
    - (city or town): Frederick Co.

13. **NAME**
    - Franklin J. Grove

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

15. **MAIDEN NAME**
    - Clara V. Thompson

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

17. **INFORMANT**
    - Mrs. Harry M. Grove, Fred.

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

19. **UNDERTAKER**
    - [Address]

20. **FILED**
    - [Date]

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - (Month, Day, Year): June 20, 1935

22. **I HEREBY CERTIFY**
    - That I attended deceased from... and... to... and...; death is said to have occurred on the date stated above, at...m.

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

23. **Name of operation:**
    - [Operation]

24. **Date of:**
    - [Date]

    **Other Contributory Causes of Importance:**

25. **Manner of injury:**

26. **Nature of injury:**

27. **Accident, suicide, or homicide?**
    - [Answer]

28. **Date of Injury:**
    - [Date]

29. **Where did injury occur?**
    - [Specify city or town, county and State]

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

31. **Further information needed:**

32. **If so, specify:**

33. **(Signed)**

34. **Address**

35. **Date: [Date]**

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Frederick
Village or City: Bear Grass
No. Registration Dist. No.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if foreign birth? yrs. mos. ds.

2. FULL NAME

(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></td>
<td></td>
<td>Single</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced

HUSBAND OF (or) WIFE of

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

Jan 26 1935

7. AGE

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

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 end year)

11. Total time (years) spent in this occupation

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

Maryland

13. NAME

Harvey L. Hagan

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

15. MAIDEN NAME

Mary Josephine Hagan

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

17. INFORMANT

Address

Howard L. Hagan

18. BURIAL, CREMATION, OR REMOVAL

<table>
<thead>
<tr>
<th>Place</th>
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19. UNDERTAKER

Address

20. FILED

Jan 26, 1935

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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Other contributory causes of importance:

| Gallstones                      | May 1, 1923  |

Example II

<table>
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Other contributory causes of importance:

| Gastroenteritis                 | 1 year       |
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: Frederick
   Village or City: Frederick
   Length of residence in city or town where death occurred: 49 yrs.

2. FULL NAME
   (a) Residence: No. 207 E. 6th St., Ward.
   If nonresident give city or town and State.

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED
   HUSBAND of: Martha Babler Handley
   OR WIFE of: 

6. DATE OF BIRTH (month, day, and year)
   June 7, 1855

7. AGE
   Years: 80
   Months: 0
   Days: 23
   If less than 1 day: ________ hrs. or ________ min.

8. OCCUPATION
   Retired Railroad Engineer

9. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, 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)
    Frederick, Maryland

13. NAME
    Philip Handley

14. BIRTHPLACE (city or town)
    Frederick, Maryland

15. MAIDEN NAME
    Elizabeth Hann

16. BIRTHPLACE (city or town)
    Frederick, Maryland

17. INFORMANT
    Martha Handley
    Address: 207 E. 6th Frederick

18. BURIAL, CREMATION, OR REMOVAL
    Place: Meadowbrook, Westminster
    Date: July 3, 1931

19. UNDERTAKER
    H. Browand & Son
    Address: Westminster

20. FILED
    2 July, 1935
    D. J. McCrady

21. DATE OF DEATH
    June 3, 1935

22. MEDICAL CERTIFICATE OF DEATH
    I HEREBY CERTIFY, That I attended deceased from
    5-25-1935 to 6-30-1935
    I last saw him alive on 6-29-1935; death is said to have occurred on the date stated above, at 5:30 A.M.

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

   Central Apoplexy

   Other Contributory Causes of importance:

   Arteriosclerosis

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

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.

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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.

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>1921</td>
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<td>Cerebral hemorrhage</td>
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</tr>
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</table>

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<td>1 week ago</td>
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<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1925</th>
</tr>
</thead>
</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   No. 230 E. Patrick St., Ward: 12
   (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: 6 yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 230 E. Patrick St., Ward: Frederick
   (Usual place of abode)
   If nonresident give city or town and State

   Vada Margaret Harbaugh

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
   Female

   4. COLOR OR RACE
   White

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

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

   6. DATE OF BIRTH (month, day, and year)
   Feb. 28, 1912

   7. AGE
   Years: 23
   Months: 3
   Days: 16
   If LESS THAN 1 day, write hrs. or mins.

   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWEYER, BOOKKEEPER, etc.
   Property of

   9. OCCUPATION
   Sea Room

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

   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
   3

   12. BIRTHPLACE (CITY OR TOWN)
   Jefferson

   13. NAME
   Norman J. Harbaugh

   14. BIRTHPLACE (CITY OR TOWN)
   Cheagerstown

   15. MAIDEN NAME
   Hazel Green

   16. BIRTHPLACE (CITY OR TOWN)
   Waldersville

   17. INFORMANT (ADDRESS)
   Mrs. M. J. Harbaugh
   Frederick

   18. BURIAL, CREMATION, OR REMOVAL
   PLACE: Frederick
   DATE: June 16, 1935

   19. UNDERTAKER (ADDRESS)
   E. B. Mohr
   Frederick, Md.

   20. FILED
   June 15, 1935
   Fred E. Conley

   21. DATE OF DEATH
   June 13, 1935

   22. I HEREBY CERTIFY
   That I attended deceased from June 8, 1935, to June 13, 1935
   Last saw him alive on July 17, 1935; death is said to have occurred on the date stated above, at 10 a.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Multiple Sclerosis
   Date of onset: 1934

   Other Contributory Causes of importance:

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

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

   Manner of injury
   Nature of injury

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

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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>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
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<td>Date of onset May 1, 1925</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: State Sanatorium, Md.
   Registration Dist. No.: 139

2. FULL NAME: Richard D Harris
   (a) Residence: No. Rockville, Route 3, St., Ward. Montgomery, Co Md.
   (Usual place of abode:)

   If US veteran:
   War: World War

   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

6. DATE OF BIRTH (month, day, and year): Feb. 8 1888
7. AGE: Years 47, Months 4, Days 6
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Bricklayer
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: E.G. SILK MILL, SAW MILL, BANK, ETC.
10. DATE DECEASED LAST WORKED AT OCCUPATION: May 1931
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 50 Yrs.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 14, 1935
22. I HEREBY CERTIFY that I attended deceased from May 29, 1935, to June 14, 1935, and that I last saw him alive on June 13, 1935; death is said to have occurred on the date stated above, at 2:35 P.M.
   The principal cause of death and related causes of importance were as follows:
   Pulmonary Tuberculosis

   Other Contributory Cause of Importance:
   Name of operation: none
   Pos. Spu: Sputum
   Chest X Ray: 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: 19
   Where did injury occur?:
   Specify city or town, county, and State
   Nature of injury:
   Manner of injury:
   Specified whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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

If more blanks are needed, address State Registrar, 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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**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: Frederick
   - Village or City: Moravian Hospital, Montrose
   - 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**
   - Sallie Hauers
     - Residence: No. 7, St., Ward.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Female
   - **COLOR OR RACE**: White
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Widow
   - **DATE OF BIRTH**: May 27, 1855
   - **AGE**: 80

4. **OCCUPATION**: Housewife

5. **DATE OF DEATH**: June 22, 1935

6. **DATE OF BIRTH**
   - Month: May
   - Day: 27
   - Year: 1855

7. **DATE OF DEATH**
   - Month: June
   - Day: 22
   - Year: 1935

8. **CAUSE OF DEATH**
   - Principal Cause of Death: Heart Disease
   - Date of Onset: 1934

9. **CONTRIBUTORY CAUSES OF DEATH**
   - Coronary Thrombosis

10. **INFORMANT**
    - Maurice D. Hauers
    - Address: Montrose, Ind.

11. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Mountville, Ind.
    - Date: June 24, 1935

12. **UNDEMTAKER**
    - Name: J. M. P. Diemer
    - Address: Bloomfield, Ind.

13. **REGISTER**
    - Name: G. W. Hauers
    - Address: No. 7, St., Ward.

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

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</table>

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

1. PLACE OF DEATH
   County: Frederick.
   Village or City: SANATORIUM, MD.
   Length of residence in city or town where death occurred: yrs. 4 mos. 9 ds.

2. FULL NAME: Amelia Heymann
   Residence: No. 3047 Strickland St., Ward Baltimore, Maryland.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
   Husband (or) Wife of: Willy Heymann

6. DATE OF BIRTH: March 27, 1904.
7. AGE: Years 31, Months 2, Days 5

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

9. OCCUPATION: Housewife

10. Date deceased last worked at this occupation (month and year): January 1933
11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE: Germany.
13. NAME: Carl Willms.
14. BIRTHPLACE: Germany.
15. MAIDEN NAME: Amelia Kline.
16. BIRTHPLACE: Germany.

17. INFORMANT: Amelia Heymann
   Address: 3047 Strickland St., Balto, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Baltimore, Md., Date: Unknown, 19

19. UNDERTAKER: M. L. Creager
    Address: Thurmont, Md.

20. FILED: 9-20-19, 19

REGISTRATION DISTRICT NO. 139

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from
    I last saw her alive on June 2, 1935.
    Date of injury: 5th of June, 1935.
    Death is said to have occurred on the date stated above, at 11:50 A.M.
    The principal cause of death and related causes of importance
    were as follows:

    Pulmonary Tuberculosis

    Date of onset: Jan. 1934

    Other Contributory Causes of importance:

    Name of operation: none
    What test confirmed diagnosis: Chest X-Ray.
    Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
    Accident, suicide, or homicide? 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.

    Men of injury:
    Nature of injury:

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

    (Address) State Sanatorium, Md.

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

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 6, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

County: Frederick  
Village or City: Woodburn  
No. St. Ward:


FULL NAME: Elizabeth Hula Hallofro.

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

PERSONAL AND STATUTORY PARTICULARS

SEX: F  
COLOR OR RACE: W  
SINGLE, MARRIED, WIDOWED, OR DIVORCED: WIDOW

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

Jacob Hallofro.

6. DATE OF BIRTH (month, day, and year): Sep 4, 1846

7. AGE: 81  
8. TRADE, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

9. OCCUPATION: Homemaker

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

11. Total time (in years) spent in this occupation: 42

12. BIRTHPLACE (city or town): Maryland  
13. NAME: Julius Hula

14. BIRTHPLACE (city or town): Maryland  
15. MAIDEN NAME: Sallie

16. BIRTHPLACE (city or town): Maryland  
17. INFORMANT: Mr. M.J. Caner

18. BURIAL, CREMATION, OR REMOVAL: Woodburn.  
Place:  
Date: July 2, 1935

19. UNDERTAKER: H. Z. Armbrister

20. FILED: Jan 30, 1936  
Registr.:

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td>July 6, 1927</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td>3 days ago</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></td>
</tr>
</tbody>
</table>
# State of Maryland - Certificate of Death

## 1. Place of Death
- County: Frederick
- Village or City: Thurmont (outside)
- Length of residence in city or town where death occurred: yrs. / mos. / ds.

## 2. Full Name
- Allen L. Roy Hummel
- If U.S. Veteran specify WAR:

### Personal and Statistical Particulars

#### 3. Sex
- M

#### 4. Color or Race
- W

#### 5. Single, Married, Widowed, or Divorced (curse the word)
- M

#### 6. Date of Birth (month, day, and year)
- Feb. 20, 1935

#### 7. Age
- Years: 0
- Months: 4
- Days: 1
- 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. Data deceased last worked at this occupation (month and year)
- None

#### 11. Total time (years) spent in this occupation
- None

#### 12. Birthplace (city or town)
- Logan, Utah

#### 13. Name
- Allen L. Roy Hummel

#### 14. Birthplace (city or town) (State or country)
- Logan, Utah

#### 15. Maiden Name
- Linda Virginia Espy

#### 16. Birthplace (city or town) (State or country)
- Logan, Utah

#### 17. Informant (Address)
- Joe W. Hummel

#### 18. Burial, Cremation, or Removal
- Location: Thurmont, Md.
- Date: June 22, 1935

#### 19. Undertaker
- J. C. Cuppy

#### 20. Filed
- June 22, 1935

### Medical Certificate of Death

#### 21. Date of Death
- June 21, 1935

#### 22. I hereby certify, that I attended deceased from ___, 1931, to ___, 1931; death is said to have occurred on the date stated above, at ___, a.m.

#### The Principal Cause of Death and related causes of importance were as follows:
- Convulsions
- Birth injury

#### Other Contributory Causes of importance:
- Name of operation: __________
- Date of: __________
- What test confirmed diagnosis: __________
- Was there an autopsy: __________

#### 23. If death was due to external causes (violence) fill in also the following:
- Accident, suicide, or homicide: __________
- Date of injury: __________
- Where did injury occur: __________
- Specify whether injury occurred in Industry, in Home, or in Public Place: __________

#### 24. Was disease or injury in any way related to occupation of deceased: __________
- If so, specify: __________
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>
<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: Frederick
   Village or City: Emergency Hospital of Middletown

2. FULL NAME
   (a) Residence: No.

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
      Male
   4. COLOR OR RACE
      White
   5. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
      Single

   6. DATE OF BIRTH (month, day, and year)
      Feb 23, 1876

   7. AGE
      Years: 59
      Months: 2
      Days: 0

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

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

   12. BIRTHPLACE (CITY OR TOWN)
      Unknown

   13. NAME
      Andrew Jacobs

   14. BIRTHPLACE (CITY OR TOWN)
      Unknown

   15. MAIDEN NAME
      Unknown

   16. BIRTHPLACE (CITY OR TOWN)
      Unknown

   17. INFORMANT
      Mrs. M. C. Slifer

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Mt. Carmel Cemetery, Date: June 14, 1925

   19. UNDERTAKER
      E. C. Owen

   20. FILED
      June 14, 1925

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

22. I HEREBY CERTIFY, That I attended deceased from
   June 10, 1935, to June 11, 1934, and that his/ her death occurred on the date stated above, at 11:30 a.m.

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

   Cause of death: Circulatory Disease
   Date: June 10

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

   Manner of injury
   Nature of injury

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

   (Signed)
   (Address)

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

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

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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
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<td>Run over by street car</td>
</tr>
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<td>1921</td>
<td>1 week ago</td>
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<tr>
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<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Point of Rocks
   - Length of residence in city or town where death occurred: 20 yrs.

2. **FULL NAME**
   - Mrs. Sarah Emily Joy
   - Residence: Point of Rocks

3. **SEX**
   - female

4. **COLOR OR RACE**
   - white

5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - Widow
   - HUSBAND or WIFE of: Robert Mc. Joy

6. **DATE OF BIRTH**
   - Unknown

7. **AGE**
   - 67 yrs.

8. **OCCUPATION**
   - Housewife

9. **DATE deceased last worked at this occupation**
   - 1932

10. **Total time (years) spent in this occupation**
    - 40 yrs.

11. **BIRTHPLACE**
    - Maryland

12. **FATHER**
    - Philip Stockman

13. **MOTHER**
    - Lydia Keller

14. **DATE OF DEATH**
    - June 18th, 1935

15. **CAUSE OF DEATH**
    - Secondary Poliomyelitis

16. **DISEASE OR INJURY**
    - M. R. Etchison & Son

17. **UNDERTAKER**
    - Frederick, Md.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Jefferson, Md.
    - Date: June 20, 1935

19. **SIGNATURE**
    - Samuel E. Hohte, M.D.

20. **FILED**
    - June 29, 1935

If more blanks are needed, address State Registrar, 241 S. Charles Street, Baltimore, Requesting U. S. No. 2.
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<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
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<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
# State of Maryland—Certificate of Death

## 1. Place of Death
- County: Frederick
- Village or City: Montevideo Hospital
- Registration Dist. No.: 13

## 2. Full Name
- Antone Hasting

## Personal and Statistical Particulars

<table>
<thead>
<tr>
<th>3. Sex</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Color or Race</td>
<td>White</td>
</tr>
<tr>
<td>5. Single, Married, Widowed, or Divorced</td>
<td>Married</td>
</tr>
</tbody>
</table>

| 6. Date of Birth (month, day, year) | Unknown |
| 7. Age (years, months, days) | 58 |

## Medical Certificate of Death

<table>
<thead>
<tr>
<th>21. Date of Death</th>
<th>June 17, 1935</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. I hereby certify that I attended deceased from Feb. 13, 1935, to June 17, 1935</td>
<td></td>
</tr>
</tbody>
</table>

- The principal cause of death and related causes of importance were as follows:
  - Ceremonious gashed glads, for 1935

- Other Contributory Causes of Importance:
  - Name of operation: 
  - Date of operation: 
  - What test confirmed diagnosis?: 
  - Was there an autopsy?: 

## Occupation
- Laborer

## Birthplace
- Austria Hungary

## Cause of Death
- External causes (violence): 
- Date of injury: 19
- Where did injury occur?: 
- Specify whether injury occurred in industry, in home, or in public place: 
- Manner of injury: 
- Nature of injury: 
- Was disease or injury in any way related to occupation of deceased?: 

## Medical Certificate Signature
- Signed:
  - (Address) M.D.
  - (Address)
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<tr>
<td>importance:</td>
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<td></td>
<td></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: Frederick
Village or City: STATE SANATORIUM, M.D.
Length of residence in city or town where death occurred: 4 yrs. 8 mos. 26 ds.

2. FULL NAME: Miss Frances I. Keller
(a) Residence: No. 109 Artizan, St.

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

6. DATE OF BIRTH (month, day, and year): Aug. 2, 1907
7. AGE: Years 27, Months 10, Days 24
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Stenographer
9. OCCUPATION: Stenographer
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): Sept., 1927
11. TOTAL TIME (YEARS, MONTHS, DAYS) SPENT IN THIS OCCUPATION: 2 Yrs

12. BIRTHPLACE (CITY OR TOWN): Maryland
(State or country): Maryland
13. NAME: Jacob Keller
14. BIRTHPLACE (CITY OR TOWN): Maryland
(State or country): Maryland
15. MAIDEN NAME: Florence Green
16. BIRTHPLACE (CITY OR TOWN): Maryland
(State or country): Maryland
17. INFORMANT: Frances Keller
Address: 109 Artizan, St., Williamsport, Md.
18. BURIAL, CREMATION, OR REMOVAL: Williamsport, Md.
Date: Unknown
19. UNDERTAKER: Albert Leaf
Address: Williamsport, Md.
20. FILED: 07/01/23, 19

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: June 26, 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1930, to June 26, 1935; death is said to have occurred on the date stated above, at 12:30 A.M.
23. PRINCIPAL CAUSE OF DEATH: Pulmonary Tuberculosis
(Date of onset): Sept. 1927
24. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: None

25. NAME OF OPERATION: None
26. POS. SPUTUM: Chest X Ray
27. WHERE TEST CONFIRMED DIAGNOSIS: Chet X Ray
28. WERE THERE AN AUTOPSY?: No
29. 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:
   WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?: No

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

Registrar
Stewart A. Shaffer, 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.

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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.

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

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**Example I**

| The principal cause of death and related causes of importance were as follows: | 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: Frederick
   Village or City: Frederick

   Length of residence in city or town where death occurred: 45 yrs., mos., ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

   Registration Dist. No. 13
   Ward: No. W. College Terrace

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

   Personal and Statistical Particulars

   3. SEX
      Male

   4. COLOR OR RACE
      White

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

   6. DATE OF BIRTH (Month, day, and year)
      March 15, 1890

   7. AGE
      Years: 45
      Months: 3
      Days: 6
      If LESS than 1 day, hrs. or min.

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

   10. DATE DECEASED last worked at this occupation (Month and Year)
      6/28

   11. TOTAL TIME (years) spent in this occupation
      8

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

   13. NAME
      Charles Edwin Kemp

   14. BIRTHPLACE (city or town)
      (State or Country)
      Frederick, Md.

   15. MAIDEN NAME
      Annie M. Oxdonoff

   16. BIRTHPLACE (city or town)
      (State or Country)
      Frederick, Md.

   17. INFORMANT
      Mrs. L. Homer Miller
      (Address) N. Market St., Frederick, Md.

   18. BURIAL, CREMATION, OR REMOVAL
      Mt. Olivet Cem.
      Place: Frederick, Md.
      Date: June 23, 1935

   19. UNDERTAKER
      M. R. Etchison & Son
      (Address) Frederick, Md.

   20. FILED: 22 June, 1935

   MEDICAL CERTIFICATE OF DEATH

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

   22. I HEREBY CERTIFY that I attended deceased from
      I last saw him alive on June 21, 1935, and death is said
to have occurred on the date stated above, at
      A.M.

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

      Date of onset

      Other Contributory Causes of importance:

      Date of

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

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

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

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### Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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<th>Date of onset</th>
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<tbody>
<tr>
<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>
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<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, 1925
- Gastroenteritis: 1 year

### Example II

- Peritonitis: 3 days ago
- Run over by street car: 1 week ago
- Attack of epilepsy: 1 week ago

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   No. 32 East Third Street
   Registration Dist. No.: 121
   Length of residence in city or town where death occurred: 37 yrs.

2. FULL NAME: Mrs. Lula Frances Kintz
   Residence: No. 32 East Third Street

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: Female
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND OF (or) WIFE OF: Lewis M. Kintz

   6. DATE OF BIRTH (month, day, year): January 22, 1861
   7. AGE: 74 Years 4 Months 20 Days

   9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housewife
   9a. If married, widowed, or divorced: Husband of Lewis M. Kintz
   9b. Industry or business in which work was done: At Home

   10. Date deceased last worked at this occupation (month and year): 6/35
   11. Total time (years) spent in this occupation: 47

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

   13. NAME: J.V. Summers
   14. BIRTHPLACE (city or town): Maryland
      (State or country)

   15. MAIDEN NAME: Annie Landis
   16. BIRTHPLACE (city or town): Maryland
      (State or country)

   17. INFORMANT: Mr. Lewis M. Kintz
      (Address) Frederick, Maryland
   18. BURIAL, CREMATION, OR REMOVAL: Lutheran Cem. Middletown
      Date: 6/15/35

   19. UNDERTAKER: M.R. Etchison & Son
      (Address) Frederick, Maryland

   20. FILED: June 25, 1925

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: June 12th, 1935
   22. I HEREBY CERTIFY, That I attended deceased from January 22, 1861, to...
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

| The principal cause of death and related causes of importance were as follows: | 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: Frederick
   Village or City: Emmitsburg

   Registration Dist. No. 134

   Length of residence in city or town where death occurred: 6 yrs. 1 mos. 10 ds.

2. FULL NAME
   Maggie Irene Knope
   Residence: No. (Usual place of abode)
   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
   (or) WIFE of
   John Knope

6. DATE OF BIRTH (month, day, and year)
   Nov 20, 1879

7. AGE
   Years: 56
   Months: 4
   Days: 19

8. Trade, profession, or particular kind of work done, as SPINNER, SAW MILL, BANK, etc.
   Housewife

9a. 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

OCCUPATION

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

13. NAME
   Hermina Holland
   (State or county)

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

15. MAIDEN NAME
   Hannie M. Smith

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

17. INFORMANT
   John Knope
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Emmitsburg
   Date: Jan. 12, 1935

19. UNDERTAKER
   Hillside Cemetery
   (Address)

20. FILED
   June 10, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Jan 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from
   Nov. 20, 1934, to Jan. 9, 1935.

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

   Carcinoma

   Other Contributory Causes of importance:

   Abdomen

   Name of operation

   What test confirmed diagnosis?

   Was there an autopsy?

   Accident, suicide, or homicide?

   Date of injury: Jan. 9, 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) P.E. Miller
   M.D.

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

Other contributory causes of importance:

- Gallstones | May 1, 1923 |

### Example II

<table>
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</tbody>
</table>

Other contributory causes of importance:

- Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: STATE SANATORIUM, MD

2. FULL NAME: Milton Kurtz
   Residence: 743 N. Fulton Ave., Baltimore, Md.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Dec. 7, 1884

7. AGE: 50 Years, 6 Months, 9 Days

8. OCCUPATION: Clerk

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: As SPINNER, SAWYER, BOOKKEEPER, etc.

10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: As SILK MILL, SAW MILL, BANK, etc.

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: June 1935

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

13. NAME: Conrad Kurtz
14. BIRTHPLACE (city or town): Maryland
   (State or country): Germany

15. MAIDEN NAME: Mary R. Stassfort
16. BIRTHPLACE (city or town): Baltimore, Md.
   (State or country): Baltimore, Md.

17. INFORMANT: Lewis Kurtz
   Address: 105 Melvin Ave, Catonsville

18. BURIAL, CREMATION, OR REMOVAL: Place Balto., Md.
    Date: Unknown

19. UNDERTAKER: M. L. Creager
   Address: Thurmont, Md.

20. FILED: 6/16/19, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 16, 1935
   (Month), (Day), (Year)

22. I HEREBY CERTIFY That I attended deceased from June 12, 1935, to June 16, 1935.
   I last saw him alive on June 16, 1935, at 12:10 P.M.
   Death is said to have occurred on the date stated above, at 12:10 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

- Pulmonary Tuberculosis
- Unknown

Other Contributory Causes of Importance:

- None
- Chest X Ray
- Date of:
- None
- Date of:

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

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

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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| Example I |
| --- | --- |
| **The principal cause of death and related causes of importance were as follows:** | **The principal cause of death and related causes of importance were as follows:** |
| **Arteriosclerosis** | **Attack of epilepsy** |
| **Chronic interstitial nephritis** | **Run over by street car** |
| **Cerebral hemorrhage** | **Peritonitis** |
| **July 5, 1927** | **3 days ago** |

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>May 1, 1923</strong></td>
<td><strong>1 year</strong></td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Length of residence in city or town where death occurred: 71 yrs. 0 mos. 0 ds.

2. FULL NAME: Emma Scarff Lamar
   (a) Residence: No. 37 E. 2nd St., Frederick, Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): July 4, 1856
7. AGE: 78 yrs. 11 mos. 31 days
8. OCCUPATION: Housewife

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

11. BIRTHPLACE (city or town): Hartford Co., Md.
12. NAME: Joshua Scarff
13. BIRTHPLACE (city or town): Hartford Co., Md.
14. FATHER: (State or country)
15. MAIDEN NAME: Elizabeth Baldrey
16. BIRTHPLACE (city or town): Hartford Co., Md.

17. INFORMANT (Address):
18. BURIAL, CREMATION, OR REMOVAL:
   Place: Frederick Co., Md.
   Date: January 27, 1935
19. UNDERTAKER (Address):
20. FILED: June 25, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 25, 1935
   I last saw him alive on June 25, 1935; death is said to have occurred on the date stated above, at 9 o'clock, A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   [signature]

Other Contributory Causes of importance:
   [signature]

If more blanks are needed, address State Registrar, 2441 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

<table>
<thead>
<tr>
<th>Example I</th>
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</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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<tr>
<td>Arteriosclerosis</td>
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</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County
Village or City

2. FULL NAME
(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
White

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

5a. If married, widowed, or divorced
HUSBAND of
Charles Zapole

5b. If husband or wife
WIFE of

6. DATE OF BIRTH (month, day, and year)
May 26, 1873

7. AGE
Years
52

Months

Days
13

If less than 1 year, state in months and days

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

13. NAME
John Whole

14. BIRTHPLACE (city or town)

15. MAIDEN NAME
Margaret Beg

16. BIRTHPLACE (city or town)

17. INFORMANT
Charles Zapole

18. BURIAL, CREMATION, OR REMOVAL
Place

19. UNDERTAKER

20. FILED
June 1, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
June 9

22. I HEREBY CERTIFY, That I attended deceased from

23. Date of death
June 9, 1935

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

Accident, suicide, or homicide?

25. Where did injury occur?

26. Manner of injury

27. Nature of injury

28. If so, specify

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

30. Name of operation

31. Owing to

32. Date of injury

33. Name of attending physician

34. Date of report

35. Name of hospital

36. Address

37. Signature

38. Date of report

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

To be complete, an occupation return must state:

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

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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:**

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   No. 200 Dill Ave. St., Ward:
   Registration Dist. No. 131
   Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 200 Dill Ave.
   (b) Place of abode: At Home
   (c) 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
   Single

5a. If married, widowed, or divorced
   HUSBAND of None
   or WIFE of

6. DATE OF BIRTH
   July 20, 1929

7. AGE
   Years: 5
   Months: 10
   Days: 14

8. Trade, profession, or particular kind of work done, as SPINNER, SAWMILL, BOOKKEEPER, etc.
   Industry or business in which work was done, as SILK MILL, SAWMILL, BANK, etc.
   At Home

9. Date deceased last worked at this occupation (month and year): 5-10-14

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

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

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

13. NAME
   John C. Levering

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

15. MAIDEN NAME
   Minnie Renn

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

17. INFORMANT
   John C. Levering
   (Address) 200 Dill Ave.

18. BURIAL, CREMATION, OR REMOVAL
   Place: At Home
   Date of Burial: June 20, 1929

19. UNDERTAKER
   M.R. Etchison & Son
   Frederick, Maryland

20. FILED
   June 20, 1929
   Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   June 4th, 1935

22. I HEREBY CERTIFY That I attended deceased from
   I last saw him or her alive on June 4th, 1935, death is said to have occurred on the date stated above, at 8:15 P.M.
   The principal cause of death and related causes of importance were as follows:

   Other Contributory Causes of importance:

   Name of operation: 1931
   Date of operation: 12-26
   What test confirmed diagnosis? No.
   Was there an autotomy? No.

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 disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed) Frank H. Levering
   M.D.

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

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

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

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

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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>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

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

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

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

1. PLACE OF DEATH

County: Frederick
Village or City: STATE SANATORIUM, MD.
Length of residence in city or town where death occurred: yrs. 2 mos. 18 ds.

2. FULL NAME: Edward B. Long
(a) Residence: No. 2705 Ashland Ave.
(b) St., Ward. Baltimore, Md.

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (month, day, and year): Sept. 22, 1905

7. AGE: Years 29 Months 8 Days 19

8. Trade, profession, or particular kind of work done: Time-keeper

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

10. Date deceased last worked at this occupation: Mar. 12, 1935

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

12. BIRTHPLACE (city or town): Camden, N.J.

13. NAME: August J. Long

14. BIRTHPLACE (city or town): Virginia.

15. MAIDEN NAME: Carrie Helt


17. INFORMANT: Thelma A. Long

18. BURIAL, CREMATION, OR REMOVAL
Place: 2039 W. North Ave., Balto., Md.

19. UNDERTAKER: M.L. Creager

20. FILED: 9/62, 19

21. DATE OF DEATH

(Month) June 11
(Year) 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25 to June 11, 1935. I last saw him alive on June 11, 1935; death is said to have occurred on the date stated above, at 2 A.M.

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

Pulmonary Tuberculosis

Other Contributory Causes of importance:

Name of operation: none

What test confirmed diagnosis? Chest X Ray

Was there an autopsy? no

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

Accident, suicide, or homicide? 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

Stewart S. Shaff, M.D.
State Sanatorium Md.

If more blanks are needed, address State Registrar, 2413 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tbody>
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<td>1915</td>
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<td>Cerebral hemorrhage</td>
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</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

1. **PLACE OF DEATH**
   - County: [Redacted]
   - Village or City: Baltimore
   - Registration Dist. No.: [Redacted]
   - No. of Ward: [Redacted]

2. **FULL NAME**
   - (a) Residence: [Redacted]

   **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Male
   - **COLOR OF RACE**: [Redacted]
   - **S. SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Married
   - **If married, widowed, or divorced**: HUSBAND OF
   - **HUSBAND OF**: [Redacted]
   - **DATE OF BIRTH (month, day, and year)**: March 17, 1862
   - **AGE**: 73 years 3 months 4 days
   - **Trade, profession, or particular kind of work done**: [Redacted]
   - **Occupation**: [Redacted]
   - **BIRTHPLACE (city or town)**: Perry Co., Maryland

3. **MEDICAL CERTIFICATE OF DEATH**
   - **DATE OF DEATH**: June 21, 1935
   - **DATE OF ONSET**: [Redacted]
   - **Other Contributory Causes of Importance**: [Redacted]
   - **Name of operation**: [Redacted]
   - **What test confirmed diagnosis?**: [Redacted]
   - **Was there an autopsy?**: [Redacted]
   - **MANNER OF DEATH**: [Redacted]
   - **NATURE OF INJURY**: [Redacted]
   - **MANNER OF DEATH**: [Redacted]
   - **NATURE OF INJURY**: [Redacted]

4. **BIRTHPLACE (city or town)**: [Redacted]

5. **INFORMANT**
   - **Address**: [Redacted]

6. **BURIAL, CREMATION, OR REMOVAL**
   - **Place**: [Redacted]
   - **Date**: June 23, 1935

7. **UNDESKER**
   - **Address**: [Redacted]

8. **FILED**
   - **Date**: June 24, 1935

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</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:** Frederick
- **Village or City:** Sanatorium

## 2. FULL NAME
- **Bernard Louis**
  - **Residence:** No. 22 S. High St.
  - **St., Ward:** Baltimore, Md.

### PERSONAL AND STATISTICAL PARTICULARS
- **SEX:** Male
- **COLOR OR RACE:** White
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED:** Married
- **AGE:** 56
- **DATE OF BIRTH:** Jan. 5, 1879

### OCCUPATION
- **Stage Hand**
- **Date deceased last worked at this occupation:** Feb. 1932
- **Total time (years):** 35 yrs.

### BIRTHPLACE
- **Virginia**

### NAME
- **Antonio Louis**

### MOTHER FATHER
- **Maiden Name:** Dora Rayton
- **Birthplace:** Portugal

### INFORMANT
- **Bernard Louis**
- **Address:** 22 S. High St., Balto. Md.

### BURIAL, CREMATION, OR REMOVAL
- **Place:** Baltimore, Md.
- **Date:** Unknown, 19

### UNDERTAKER
- **N. L. Creager**
- **Address:** Thurmont, Md.

### FILED
- **Date:** 06/30/19

## 3. MEDICAL CERTIFICATE OF DEATH
- **DATE OF DEATH:** June 3, 1935
- **PRINCIPAL CAUSE OF DEATH:** Pulmonary Tuberculosis
  - **Date of onset:** Mar. 1931
  - **Other Contributory Causes of importance:**
    - Name of operation: none
    - Chest X Ray: yes
    - Euthanasia: no

### 22. I HEREBY CERTIFY.
- **Date:** March 26, 1932, to June 3, 1935
- **I attest:** Alive on June 2, 1935; death is said to have occurred on the date stated above.
- **Cause of death:** Pulmonary Tuberculosis

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1915</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>May 1, 1933</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Brunswick
   Registration Dist. No.: 1
   No.: St., Ward.
   Length of residence in city or town where death occurred: 19 yrs., 7 mos., ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

5a. If married, widow, or divorced
   HUSBAND OF (or) WIFE OF: Edna W. Merriman

6. DATE OF BIRTH (month, day, and year): June 15, 1875

7. AGE
   Years: 60
   Months: 4
   Days: 26
   If LESS than 1 day, hrs. or min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   John Anderson

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

15. MAIDEN NAME
   Louise Phillips

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

17. INFORMANT
   Address: Brunswick

18. BURIAL, CREATION, OR REMOVAL
   Place and Date: Brunswick, June 14, 1935

19. UNDERTAKER
   Address: Brunswick

20. FILED
   Date: Jun 12, 1935

21. DATE OF DEATH
   June 11, 1935

   I last saw him alive on June 11, 1935; death is said to have occurred on the date stated above, at 6 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Septicemia
   Peritonitis of Peritoneum

   Other Contributory Causes of importance:

   Arteriosclerotic heart disease

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

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

   Manner of injury: None
   Nature of injury: None

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

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

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<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
- County: Frederick
- Village/City: Frederick
- St. No.: 408 Glen St.
- Length of residence in city or town where death occurred: 50 yrs. 0 mos. 0 ds.
- If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME
(a) Residence: No. 408 Glen St., Frederick, Ward 7.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS
- SEX: Female
- COLOR OR RACE: White
- SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed
- If married, widowed, or divorced HUSBAND OF: David A. Miller
- DATE OF BIRTH (month, day, and year): Dec. 13, 1852
- AGE: 82 yrs. 6 mos. 13 ds.
- TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Retired
- INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Silk Mill, Saw Mill, Bank, etc.
- DATE DECEASED LAST WORKED AT THIS OCCUPATION: June 26, 1935
- TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 1918
- BIRTHPLACE (city or town): Washington, D.C.
- NAME: Henry Johnson
- BIRTHPLACE (city or town): England
- MAIDEN NAME: Mary Snook
- BIRTHPLACE (city or town): Frederick, Md.
- INFORMANT: Mrs. J. A. Miller
- BURIAL, CREMATION, OR REMOVAL: Fredrick, Md.
- UNDERTAKER: J. A. Miller
- FILED: June 28, 1935
- CHECKS: [ ]

MEDICAL CERTIFICATE OF DEATH
- DATE OF DEATH: June 26, 1935
- I HEREBY CERTIFY that I attended deceased from Jan 2, 1935, to June 26, 1935.
- Last saw h. 7 a.m. alive on June 26, 1935; death occurred at 12 p.m., Noon.
- The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- Malaria
- Other Contributory Causes of Importance:

22. What test confirmed diagnosis?
- Name of operation:
- Date of:
- Was there an autopsy?: No.

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

24. Was disease or injury in any way related to occupation of deceased?: No.
- If so, specify:
- (Signed: R. W. Bar, M. D.)
- (Address: Frederick, Md.)

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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<td>Cerebral hemorrhage</td>
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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
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<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>
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</table>

Other contributory causes of importance:

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

1. PLACE OF DEATH
County: Frederick
Village or City: Near Lafayette

2. FULL NAME
(a) Residence: No. 10 Lafayette

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
5a. If married, widowed, or divorced to:
   Husband: Bessie M. Kolb Mort

6. DATE OF BIRTH (month, day, and year): July 14, 1884
7. AGE: 50
   Years
   Months
   Days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Farmer
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Farm

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: June 14, 1935
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 40 years

12. BIRTHPLACE (city or town, state or country): Maryland

13. NAME: Frederick Mort

14. BIRTHPLACE (city or town, state or country): Maryland

15. MAIDEN NAME: Mary Bussey

16. BIRTHPLACE (city or town, state or country): Maryland

17. INFORMANT (name and address): Mrs. Lewis Mort, 10 Lafayette, MD

18. BURIAL, CREMATION, OR REMOVAL: Buried at Greenlawn Cemetery, June 14, 1935

19. UNDERTAKER (name and address): W. H. Wood, Undertaker, 10 Lafayette, MD

20. FILED: June 13, 1935

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: June 14, 1935
22. I HEREBY CERTIFY, That I attended deceased from 6:12 A.M. to 6:14 A.M.
    I last saw deceased alive on June 11, 1935; death is said to have occurred on the date stated above, at 9:40 P.M.
    The principal cause of death and related causes of importance were as follows:
    Suicide by hanging

Other Contributory Causes of Importance:
All Health

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: Suicide
   Date of injury: June 14, 1935
   Where did injury occur? At home (Specify city or town, county, and state):
   Suicides Wh
   Manner of injury
   Nature of injury

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

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

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

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Ijamsville
   Length of residence in city or town where death occurred: 39 yrs.

2. FULL NAME: Martha Linthicum Moylan
   (a) Residence: No. Ijamsville, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   4. COLOR OR RACE: White
   5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of:
       Rev. Daniel E. Moylan

6. DATE OF BIRTH: 7-17-1860
   7. AGE: 74

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

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

10. DATE deceased last worked at this occupation: 6-13-1935
   11. Total time (years) spent in this occupation: 43 yrs

12. BIRTHPLACE: Frederick Co., Md.

13. NAME: Wm. Thomas Linthicum
   14. BIRTHPLACE: Frederick Co., Md.

15. MAIDEN NAME: Sarah Crawford

16. BIRTHPLACE: Frederick Co., Md.

17. INFORMANT: Charles E. Moylan (son)
   Address: 2008 Harlem Ave., Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Belt, June 15, 1935

19. UNDERTAKER: E. C. Loring
   Address: Frederick, Md.

20. FILED: June 14, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 6-13-1935

22. I HEREBY CERTIFY, That I attended deceased from
    6-5-1935 to 6-13-1935, 1935
    I last saw her alive on 6-13-1935, 1935; death is said to have occurred on the date stated above, at 10:45 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Arteriosclerosis
    Cerebral Hemorrhage
    Other Contributory Causes of importance:
    Chronic myocarditis

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide? none
    Date of Injury: none
    Where did Injury occur? none
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:
    Manner of Injury: none
    Nature of Injury: none

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

If so, specify
   (Signed) George M. Rippy, M.D.
   (Address) Ijamsville, Md.
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</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 | Other contributory causes of importance:
|------------|------------| Gastroenteritis | 1 year |
PLACE OF DEATH
County: Frederick
Village or City: Emmitsburg

FULL NAME: Ida Rosanne Munch

PERSONAL AND STATISTICAL PARTICULARS
SEX: F
COLOR OR RACE: W
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

DATE OF BIRTH: June 20, 1935

DATE OF DEATH: June 28, 1935

AGE: 0 yrs. 0 mos. 0 days

OCCUPATION: Housewife

BIRTHPLACE: Emmitsburg, Maryland

NAME OF FATHER: Walter I. Munch
BIRTHPLACE OF FATHER: Emmitsburg, Maryland
MAIDEN NAME OF MOTHER: Rosl B. Cool
BIRTHPLACE OF MOTHER: Emmitsburg, Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant: Walter I. Munch
(Address): Emmitsburg, Md

PLACE OF BURIAL OR REMOVAL: Emmitsburg, Md
DATE OF BURIAL: June 28, 1935

If more blanks are needed, address the State Registrar, 16 W. Saratoga St., Balto., requesting V. S. no. 1.
Statement of Death—Name of Deceased

(Revised United States Standard)

Certificate of Death

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


The statement of death is prepared from the information obtained from the physician or other authorized person who certified the death. It is completed in triplicate. A copy is given to the informant, a copy is retained by the certifier, and a copy is sent to the registrar of the place of death.

The information required on the statement of death includes:

1. Name of the deceased
2. Sex
3. Age
4. Race
5. Occupation
6. Address
7. Date and time of death
8. Date of birth
9. Place of birth
10. Cause of death

The cause of death is the disease or condition that directly caused the death. It is recorded on the statement of death in the following order:

1. Acute conditions
2. Chronic conditions
3. Congenital malformations
4. Other

The statement of death is used for statistical purposes and is the basis for the calculation of vital statistics.
**STATE OF MARYLAND**

**CERTIFICATE OF DEATH**

**Registration Dist. No. /**

**Place of Death**

County: Frederick

Village or City: Emmitsburg (No.)

**FULL NAME** James Roderick Mench

**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>M</td>
<td>W</td>
<td>Single</td>
</tr>
</tbody>
</table>

**DATE OF BIRTH**

June 20, 1925

**AGE**

If LESS than 3 yrs. mos. days or hrs.

**OCCUPATION**

Infant

**BIRTHPLACE**

Maryland

**NAME OF FATHER**

Walter G. Mench

**BIRTHPLACE OF FATHER**

Maryland

**MAIDEN NAME OF MOTHER**

Rose B. Cooey

**BIRTHPLACE OF MOTHER**

Maryland

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

Informant: Walter G. Mench

Date: June 20, 1925

**DATE OF DEATH**

June 20, 1925

**MEDICAL CERTIFICATE OF DEATH**

I HEREBY CERTIFY, That I attended the deceased from 1:45 AM to 5 AM, June 20, 1925, that I last saw him alive on June 20, 1925, and that death occurred on the date stated above, at 5:45 AM.

The CAUSE OF DEATH was as follows:

Premature Infan

Contributory

Secondary

Signed: H. D. Zimmer M. D.

Address: Emmitsburg

Date: June 20, 1925

**LENGTH OF RESIDENCE**

At place of death yrs. mos. ds.

In State yrs. mos. ds.

Form or usual residence

**PLACE OF BURIAL OR REMOVAL**

Emmitsburg

**DATE OF BURIAL**

June 20, 1925

**UNDERTAKER**

M. D. Shaffer, Emmitsburg

**FILED**

June 20, 1925

If more blanks are needed, address State Registrar, 15 W. Saratoga St., Balto., requesting V. S. No. 1.
Statement of Cause of Death—Name first the Dis-
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
- County: Frederick
- Village or City: Frederick
- No. 121 W. All Saint St.
- Registration Dist. No.: 131

2. FULL NAME: John Clifton Posey
- (a) Residence: No. 121 W. All Saint St., Frederick, Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

5a. If married, widowed, or divorced, HUSBAND of Alice Curtis

6. DATE OF BIRTH: April 2, 1862

7. AGE: 53 Years, 2 Months, 5 Days

8. OCCUPATION: Laborer
- Industry or business in which work was done: Line Kilns
- Date deceased last worked at this occupation: Feb. 1934
- Total time (years) spent in this occupation: 27

9. DATE OF DEATH: June 7th, 1935

22. I HEREBY CERTIFY, that I attended deceased from June 7th, 1935, to June 7th, 1935; death is said to have occurred on the date stated above, at 2:05 P.M.

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

Other Contributory Causes of importance:
- Bronchitis

12. BIRTHPLACE: Maryland

13. NAME: Henson Posey
- Mother: Ellen Harper

14. BIRTHPLACE: Maryland

15. MAIDEN NAME: Ellen Harper

16. BIRTHPLACE: Maryland

17. INFORMANT: Mrs. Alice Posey
- Address: Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL: Fairview Cem., Fred., Date: June 10, 1935

- Address: Frederick, Md.

20. FILED: June 18, 1935, by J. M. Curdy
- Register.

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

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

To be complete, an occupation return must state:
8.—The trade, profession, or particular kind of work done.
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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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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></td>
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<td>3 days ago</td>
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<td></td>
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<tr>
<td>Gastroenteritis</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: Frederick
   Village or City: STATE SANATORIUM, Md.
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Joseph A. Rackensperger
   (a) Residence: No. 2738 Harlem, Ave.
   (b) Ward, Balto., Md.

   PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: White
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND OR WIFE OF: Estelle Rackensperger
   DATE OF BIRTH: Sept. 30, 1882
   AGE: 52 yrs.
   OCCUPATION: Clerk

   MEDICAL CERTIFICATE OF DEATH
   DATE OF DEATH: June 25, 1933
   PRINCIPAL CAUSE OF DEATH: Pulmonary Tuberculosis

   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   Name of operation: none
   Diagnosis: Pos. Spu.
   Test confirmed: Chest X Ray
   Was there an autopsy?: no

   Date of onset: June 1920

   MANNER OF DEATH:

   NATURE OF INJURY:

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

   If so, specify:
   (Signed) Stewart S. Shaffer, M.D.
   Address: STATE SANATORIUM, Md.

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

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Frederick Co.
   Village or City: Walkerstown
   No. _______ St., Ward ________
   Length of residence in city or town where death occurred: 30 yrs. _______ mos. _______ ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

5a. If married, widowed, or divorced
   Name of Husband or Wife: Harland Ramsburg

6. DATE OF BIRTH (month, day, and year)
   March 19, 1853

7. AGE
   Years: 82
   Months: 3
   Days: 10

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

9. Industry or business in which work was done: [Blank]

10. Date deceased last worked at this occupation (month and year): May 1935

11. Total time spent in this occupation: [Blank]

12. BIRTHPLACE (city of town)
   Utica, New York

13. NAME
   Thomas Healy

14. BIRTHPLACE (city or town)
   Utica, New York

15. MAIDEN NAME
   Catherine Dill

16. BIRTHPLACE (city or town)
   Utica, New York

17. INFORMANT
   Mr. Harry C. Cargill
   Address: Friedrich R. T., Utica

18. BURIAL, CREMATION, OR REMOVAL
   Place: Utica, date: July 1, 1935

19. Undertaker
   L. W. Wright
   Address: Walkerstown, Md.

20. FILED
   July 1, 1935
   Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 6
   (Day) 29
   (Year) 1935


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

Other Contributory Causes of Importance:

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

If so, specify

(Signed) J. W. Wright
(Address) Walkerstown, Md.

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

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Example I

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| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

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

Example II

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

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

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

1. PLACE OF DEATH
County: Frederick
Village or City: STATE SANATORIUM, MD
No. 11
Registration Dist. No.: 139
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. 26 mos. 28 ds.
How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME: Margaret E. Rappanier
(a) Residence: No. 29 Bloomsbury Ave., Ward, Catonsville, Md.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

HUSBAND OF (or) WIFE OF: Edwin W. Rappanier

6. DATE OF BIRTH (month, day, and year): June 7, 1888
7. AGE: 47yrs. 0mos. 0days

6. TRADE, PROFESSION, OR PARTICULAR
INDUSTRY OR BUSINESS IN WHICH
Work was done, as SILK MILL, SAW MILL, BANK, etc.: Housewife

9. OCCUPATION: Housewife

10. DATE (month, day, and year) SPENT IN THIS OCCUPATION:
April 1934
11. TOTAL TIME (months) SPENT IN THIS OCCUPATION: 17 yrs.

12. BIRTHPLACE (city or town): Maryland
13. NAME: Geo. Lechlider
14. BIRTHPLACE (city or town): Maryland
15. MAIDEN NAME: Mary E. Gettle

17. INFORMANT (Address): Margaret E. Rappanier
29 Bloomsbury Ave., Catonsville, Md.
18. BURIAL, CREMATION, OR REMOVAL: Place: Baltimore, Md.
Date: Unknown, 19

19. UNDERTAKER (Address): M. L. Creager
Thurmont, Md.

20. FILED: June 2, 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

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Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Jefferson
   No. Jefferson
   Registration Dist. No.: 121
   (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: 40 yrs. 0 mos. 0 ds.
   How long in U.S. if of foreign birth: 0 yrs. 0 mos. 0 ds.

2. FULL NAME
   Miss Elizabeth Catherine Remsburg
   (a) Residence: No. Jefferson
   (Usual place of abode)
   St., Ward, Outskirts
   If nonresident give city or town and State

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   Nov. 25, 1861

7. AGE
   Years: 73
   Months: 7
   Days: 4

8. TRADE, PROFESSION, OR OCCUPATION
   Housework

9. OTHER TRADE, PROFESSION, OR OCCUPATION
   At home

10. DATE DECEASED LAST WORKED AT
    This occupation (month and year): 2/35

11. TOTAL TIME (YEARS)
    Spent in this occupation: 55

12. BIRTHPLACE (city or town)
    Maryland

13. NAME
    John W. Remsburg

14. BIRTHPLACE (city or town)
    Maryland

15. MAIDEN NAME
    Adaline V. Remsburg

16. BIRTHPLACE (city or town)
    Maryland

17. INFORMANT
    Jefferson, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: St. Paul's Cemetery, Jefferson, Md.
    Date: July 3, 1935

19. UNDERTAKER
    M. R. Etchison & Son
    Frederick, Md.

20. FILED
    29 June, 1935
    S. Remsburg
    Registrar

21. DATE OF DEATH
    June 29, 1935

22. I HEREBY CERTIFY
    That I attended deceased from
    Jan 6, 1935, to June 29, 1935
    I last saw her alive on June 29, 1935; death is 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:
    "Carcinoma of head of pancreas
    Ganglion metastasis"
    Date of onset: 4/6/35

23. Other Contributory Causes of Importance:
    Other

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

25. If so, specify:
    (Signed)
    Dr. Leifer, M. D.
    Jefferson, Md.

If more blanks are needed, address State Registrar, 240 S. Charles Street, Baltimore, requesting U.S. No. 1.
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<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>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>Gastroenteritis</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: **Frederick**
   - Village or City: **Greencastle**

2. **FULL NAME**: **John J. Ed. Reynolds**

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

3. **DATE OF BIRTH**: June 30, 1935

4. **AGE**: Years: 3, Months: 0, Days: 0

5. **OCCUPATION**: SPINNER

6. **DATE OF DEATH**: June 30, 1935

7. **DATE WORKED**: June 30, 1935

8. **TOTAL TIME SPENT IN OCCUPATION**: 1 year

9. **BIRTHPLACE**: Maryland

10. **FATHER**: **Ed. Reynolds**

11. **MOTHER**: **Minnie Stewart**

12. **INFORMANT**: **Ed. Reynolds**

13. **BURIAL, CREMATION, OR REMOVAL**: July 1, 1935

14. **UNDERTAKER**: **Geo. F. Smith**

15. **FILED**: June 30, 1935

**MEDICAL CERTIFICATE OF DEATH**

- **DATE OF DEATH**: June 30, 1935

- **CAUSE OF DEATH**: Stillbirth, abnormal labor

- **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

- **NAME OF OPERATION**: 

- **DATE OF OPERATION**: 

- **WAS THERE AN AUTOPSY?**: Yes

- **MANNER OF INJURY**: 

- **NATURE OF INJURY**: 

- **RELATONSHIP TO OCCUPATION**: 

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows: Arteriosclerosis <strong>Date of onset 1915</strong> Chronic interstitial nephritis <strong>Date of onset 1921</strong> Cerebral hemorrhage <strong>Date of onset July 5, 1927</strong></td>
<td>The principal cause of death and related causes of importance were as follows: Attack of epilepsy <strong>Date of onset 1 week ago</strong> Run over by street car <strong>Date of onset 1 week ago</strong> Peritonitis <strong>Date of onset 3 days ago</strong></td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones <strong>Date of onset May 1, 1928</strong></td>
<td>Other contributory causes of importance: Gastroenteritis <strong>Date of onset 1 year</strong></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Ma. Kempthorne
   Length of residence in city or town where death occurred: 5 yrs.
   Registration Dist. No.: 1-38
   No. St., Ward
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

PERSONAL AND STATISTICAL PARTICULARS

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

   5a. If married, widowed, or divorced HUSBAND of (or WIFE of):
       Agnes E. Riggs

6. DATE OF BIRTH (month, day, and year): June 4, 1875

7. AGE: 59 Years 11 Months 13 Days
   If less than 1 day, indicate hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNING, SAWING, BOOKKEEPER, etc.: Labourer

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

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

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

12. BIRTHPLACE (city or town): Montgomery County
    (State or country)

13. NAME: William M. Riggs

    (State or country)

15. MAIDEN NAME: Margaret Carter

    (State or country)

17. INFORMANT: Agnes E. Riggs
    Address: Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: New Market
    Date: June 4, 1935

19. UNDERTAKER: Bro. Beall
    Address: Damascus, Md.

20. FILED: June 9, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1935, to June 4, 1935, and 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:

   Heart disease
   Apoplexy

23. Other Contributory Causes of importance:

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

24. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: None
   Date of injury: 19
   Where did injury occur? None
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

   Manner of injury: None
   Nature of injury: None

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

26. If so, specify (Signed):
    (Address):

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

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

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

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

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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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<th>Example 1</th>
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<tr>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1933</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County... Frederick
Village or City... Frederick
No. Frederick City Hospital 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 10 yrs. __ months __ days
How long in U.S. If of foreign birth? __ years __ months __ days

2. FULL NAME... Mrs. Margaret May Runkles
(a) Residence... No. 242 West Patrick Street
(Usual place of abode)
St., Ward.

3. SEX... Female
4. COLOR OR RACE... White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED... Married
6a. If married, widowed, or divorced... HUSBAND OF... W.R. Runkles
(or) WIFE OF...
6. DATE OF BIRTH... January 8, 1901
7. AGE... Years 34 Months 5 Days 20
If LESS than 1 day, __ hours __ or __ minutes

8. Trade, profession, or particular kind of work done... Housewife
9. Industry or business in which work was done... At Home
10. Date deceased last worked at this occupation... 6/35
11. Total time (years) spent in this occupation... 10

12. BIRTHPLACE... (city or town)... Virginia
(State or country)
13. NAME... Robert Everhart
14. BIRTHPLACE... (city or town)... Virginia
(State or country)
15. MAIDEN NAME... Annie Brady
16. BIRTHPLACE... (city or town)... Virginia
(State or country)

17. INFORMANT... W.R. Runkles
(Address)... 242 West Patrick St.
18. BURIAL, CREMATION, OR REMOVAL... Lovettsville, Va., Place... Lutheran Cem. Date... 7/1/35
19. UNDERTAKER... M.R. Etchison & Son
(Address)... Frederick, Maryland

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

I HEREBY CERTIFY. That I attended deceased from June 15, 1935, to June 28, 1935.
I last saw deceased... alive on June 28, 1935; death said to have occurred on the date stated above, at... 5:00 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:


Other Contributory Causes of Importance:
(Add information)

Name of operator... LPN date Jan 15.
What test confirmed diagnosis?... There was 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?... No
If so, specify...
(Signed)... M.D.

Registrar.

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td>May 1, 1925</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Rocky Ridge
   Length of residence in city or town where death occurred: 18 yrs. 0 mos. 0 ds.
   Registration Dist. No. 144
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. Rocky Ridge, Outside St., Ward.
   (b) If U.S. Veteran specify WAR:

   PERSONAL AND STATISTICAL PARTICULARS

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

   5a. If married, widowed, or divorced
   HUSBAND of: Florence Bisher
   OR WIFE of: 

   6. DATE OF BIRTH (month, day, and year)
   Sept. 30th 1883

   7. AGE: 51 yrs. 8 mos. 25 days

   8. OCCUPATION: Farmer

   9. KIND OF WORK DONE: Farmer

   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Oct. 34

   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 25 yrs.

12. BIRTHPLACE (city or town) (State or country)
   Carroll Co., Md

13. NAME: Marshall F. Saylor

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

15. MAIDEN NAME: Ellen Lynn

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

17. INFORMANT: Mrs. Chas. E. Saylor
   Address: Rocky Ridge, Md
   Place of residence: Graceham
   Date of Death: Jun. 28th, 1935

18. BURIAL, CREMATION, OR REMOVAL
   Place: Graceham

19. UNDERTAKER: M. L. Greager & Son
   Address: Thurmont, Md

20. FILED: June 26, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 25th, 1935

22. I HEREBY CERTIFY that I attended deceased from [ ] to [ ]

   [ ] I first saw deceased alive on [ ], [ ]

   [ ] death is said to have occurred on the date stated above, at [ ].

   PRINCIPAL CAUSE OF DEATH and related causes of importance:

   [Signature]
   Date

   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

   [Signature]
   Date

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) fill in also the following:

   [ ] Date of Injury: [ ]
   [ ] Manner of Injury:
   [ ] Nature of Injury:

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

   [ ] If so, specify

   [Signature]
   Date

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting "U. S. No. 1"
STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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:

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 15, 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: Frederick
   Village or City: New Market

2. FULL NAME
   Ada Smith
   (a) Residence: No. 3, New Market Rd, St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   7-18-1865

7. AGE
   Years: 70
   Months: 3
   Days: 27

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

9. Name of business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   Housewife

10. Date deceased last worked at this occupation (month and year)
    Jan. 1-1935

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

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

13. NAME
    Ada M. Smith

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

15. MAIDEN NAME
    Rebecca Davis

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

17. INFORMANT
    Mrs. E. Smith (Husband)

18. BURIAL, CREMATION, OR REMOVAL
    Mount Airy, Md.

19. UNDERTAKER
    New Market, Md.

20. FILED
    6-18-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    6-18-1935

22. I HEREBY CERTIFY, That I attended deceased from
    7-12-1935 to 6-18-1935
    I last saw deceased alive on 6-14-1935; death is said to have occurred on the date stated above, at 9 a.m.
    The principal cause of death and related causes of importance were as follows:
    Cancer of the right side of neck and breast.

23. Other Contributory Causes of Importance:
    Secondary metastatic growths.

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

25. If so, specify
    (Signed) George H. Jones
    M.D.
    (Address) Jamestown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reformatting U. S. No. 1.
UNIVERSAL 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>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: STATE SANATORIUM
   Registration Dist. No.: 139

2. FULL NAME: Louis W Smith
   Residence: Box 101 C, RFD # 10

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

6. DATE OF BIRTH (month, day, and year): March 31, 1893
7. AGE: 42 years, 2 months, 27 days

8. OCCUPATION: Machinist

9. Date deceased last worked at: Nov. 1934
11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town): Virginia
   State or country: ?

13. NAME: Smith
14. BIRTHPLACE (city or town): Virginia
   State or country: ?
15. MAIDEN NAME: Annie Hargrave
16. BIRTHPLACE (city or town): Virginia
   State or country: ?

17. INFORMANT: Louis W Smith
   Address: RFD # 10 Sparrows Point, Md.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Baltimore, MD
   Date: Unknown, 1934
19. UNDERTAKER: M. L. Greager
   Address: Thurmont, Md.

21. DATE OF DEATH
   Month: June
   Day: 27
   Year: 1935

   I last saw him alive on June 27, 1935; death occurred on the date stated above, at 5:55 AM.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Pulmonary Tuberculosis
   Date of onset: May 1934

Other Contributory Causes of importance:
Tuberculosis of Larynx
Name of operation: none
Pos. Sputum: Chest X Ray
What test confirmed diagnosis: yes
Was there an autopsy? no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify: Steward S. Shaffer M.D.
   Address: STATE SANATORIUM

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:

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10.—The month and year the deceased last worked at the occupation.
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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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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: Frederick
Village or City: New Frederick

2. FULL NAME: Mrs. Margaret Hopkins Staley
(a) Residence: No. Linden Hills, Frederick

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

6. DATE OF BIRTH (month, day, and year) October 10, 1874
7. AGE Years 60 Months 8 Days 13

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) 1/32

11. Total time (years) spent in this occupation 25

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

13. NAME Agustus Kehoe

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

15. MAIDEN NAME Sophia Hickman

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

17. INFORMANT Mr. Samuel D. Staley
(Address) Linden Hills

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem., Date 6/27/35, 19

19. UNDERTAKER M.R. Etchison & Son
(Address) Frederick, Maryland

20. FILED June 25, 1935

21. DATE OF DEATH June 25, 1935

I last saw the above person alive on June 25, 1935; death is stated to have occurred on the date stated above, at 8:50 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy

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? Yes
If so, specify

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

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

2. FULL NAME: Simon Theodore Stauffer Jr.

3. PERSONAL AND STATISTICAL PARTICULARS
   3a. SEX: Male
   3b. COLOR OR RACE: White
   3c. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

4. DATE OF DEATH
   Date: June 20, 1935

5. OCCUPATION: Wholesale candy business

6. BIRTHPLACE: Maryland

7. NAME: Simon Theodore Stauffer Sr.

8. MAIDEN NAME: C. Cortney Offutt

9. INFORMANT: Mrs. Cortney Stauffer Sr.

10. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cem., June 21, 1935

11. UNDERTAKER: M. R. Etchison & Son, Frederick, Md.

12. FILING: June 35

NOTE: If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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Other contributory causes of importance:

| Gallstones | May 1, 1928 |
| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Brunswick
   - No. 15 W. Potomac St., 3 Ward
   - Registration Dist. No.: 1-22

2. **FULL NAME**
   - William Magnus Swain
   - Residence: No. 101 Maryland Ave. S.E., Ward.
   - If nonresident give city or town and State

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### PERSONAL AND STATISTICAL PARTICULARS

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

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

6. **DATE OF BIRTH**
   - July 29th, 1851

7. **AGE**
   - Years: 80
   - Months: 10
   - Days: 17

8. **OCCUPATION**
   - Retired (P.R. Crank in Railroad)

9. **DATE DECEASED LAST WORKED**
   - Nov. 1929

10. **DATE OF DEATH**
    - June 17, 1935

11. **PRINCIPAL CAUSE OF DEATH**
    - Carcinomatosis

12. **OTHER CONTRIBUTORY CAUSE**
    - Chronic nephritis

---

13. **NAME**
    - James H. Swain

14. **BIRTHPLACE**
    - Harrison, West Virginia

15. **MAIDEN NAME**
    - Blanche J. Hesshitt

16. **MOTHER'S NAME**

17. **INFORMANT**
    - Wm. C. Crank, Lutaman

18. **BURIAL, CREMATION, OR REMOVAL**
    - Knoxville, Ind., June 19, 1935

19. **UNDERTAKER**
    - Jesse Bailey

20. **FILED**
    - June 19, 1935

---

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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Registration Dist. No.: 131
   No. 108 East St., Frederick
   Length of residence in city or town where death occurred: 7 Yr. 8 Mos.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   How long in U.S. if of foreign birth: Yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 108 East St.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Mar. 4, 1875

7. AGE
   Years: 77
   Months: 3
   Days: 0

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Personal History: Laundry, Weekeled

9. OCCUPATION
   Date deceased last worked at this occupation (month and year): 1884
   Total time (years) spent in this occupation: 6

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

11. NAME
    William Johnson

12. MOTHER
    (Name): Ruth Britto

13. FATHER
    (Name): William Johnson

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

15. MAIDEN NAME
    (Name): Ruth Britto

16. INFIRMATRANT
    (Name): Ruth Johnson
    (Address): 13 1/2 East St., Frederick, Md.

17. BURNAL, CREMATION, OR REMOVAL
    Place: Female Crem., Date: June 6, 1935

18. UNDERDAKER (Address)
    (Address): Coughle Crem., Frederick, Md.

19. REGISTER (Address)
    (Address): Coughle Crem., Frederick, Md.

20. FILED (Date)
    (Date): June 16, 1935

21. DATE OF DEATH
    (Month): June
    (Day): 4
    (Year): 1935

22. I HEREBY CERTIFY, That I attended deceased from
    (Name): Carolina Disease of the Heart
    Date of onset: July 1934

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?: No
    Date of injury: 1935
    Where did injury occur?: (Specify city or town, county and State)
    Nature of injury: (Specify cause of death)

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

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Other contributory causes of importance:

Gallstones | Date of onset | 1 year |

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

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

2. FULL NAME
(a) Residence: No. 132 South St., Frederick, Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male

4. COLOR OR RACE
Colored

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

6. DATE OF BIRTH (month, day, and year)
Sept. 3, 1906

7. AGE
Years: 28 Months: 9 Days: 9

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

9. OCCUPATION
Farmer

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

11. Total time (years) spent in this occupation

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

13. NAME
Charles Thomas

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

15. MAIDEN NAME
Cola Hall

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

17. INFORMANT
M. L. Soule, Moultrie

18. BURIAL, CREMATION, OR REMOVAL
Place: Farmelevon Date: 15 January 1925

19. UNDERTAKER
M. L. Soule, Moultrie

20. FILED
June 25, 1925

21. DATE OF DEATH
June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1935, to June 12, 1935.
Last seen him alive on June 12, 1935; death is said to have occurred on the date stated above, at 5:30:00.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Other Contributory Causes of importance:

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

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

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

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

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

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

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

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

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

**Example I**

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

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

**Example II**

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

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

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

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

2. FULL NAME: Mannie Virginia Thompson
   Res. No. (Usual place of abode)
   St. Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

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

   Ferdinand Thompson

6. DATE OF BIRTH (month, day, and year) 10-4-1874

7. AGE
   Years: 60
   Months: 8
   Days: 4
   If LESS than 1 day, ... hrs.
   or... min.

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)
   (State or country)

   Maryland

13. NAME
   Mother's Name

   Adolphus Norwood

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

   Maryland

15. MAIDEN NAME
   Prudence Wolfe

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

   Maryland

17. INFORMANT
   (Address)

   Ms. Mary Kimmel (Husband)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Frederick, Md.
   Date: June 11, 1935

19. UNDERTAKER
   (Address)

   W. E. Falgoux
   New Market, Md.

20. FILED
   June 10, 1935

REGISTRAR

E. M. Roop

21. DATE OF DEATH
   Month: June
   Day: 8
   Year: 1935

22. I HEREBY CERTIFY
   That I attended deceased from June 1, 1935, to June 7, 1935
   I saw her alive on June 7, 1935
   death date is said to have occurred on the date stated above, at 7 p.m.

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

   Uremia

   Date of onset: June 7, 1935

23. Other Contributory Causes of importance:

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

25. 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, 2413 E. 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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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:

| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1, 1928 | Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Frederick
Village or City: Mamaroneck
(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

Rebecca Jane Wessley

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

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed (or) WIFE OF Peter Wessley

5a. If married, widowed, or divorced:

HUSBAND OF

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

May 10, 1851

7. AGE

Years: 84 Months: 23 Days: If less than 1 day, hrs. or min.:

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

Housewife

9. OCCUPATION

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Pa

13. NAME

Mary McAnily

14. BIRTHPLACE (city or town)

Pa

15. MAIDEN NAME

Mary O. Schmuck

16. BIRTHPLACE (city or town)

Pa

17. INFORMANT

Mary McAnily

18. BURIAL, CREMATION, OR REMOVAL

Place: Mamaroneck
Date: June 9, 1851

19. UNDERTAKER

L. J. B. McDermott

20. FILED

June 5, 1935

Registration Dist. No. 14

If nonresident give city or town and State

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:

Galstones

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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: Frederick
   Village or City: Frederick
   No.: Montevue
   (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 George Washington West
   (a) Residence: No. Montevue
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX male
   4. COLOR OR RACE white
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

   6. DATE OF BIRTH (month, day, and year) Unknown
   7. AGE (years, months, days) 1865
   8. OCCUPATION Laborer County Home
   9. Industry or business in which work was done, as SILK MILL, SAWMILL, BANK, etc.
   10. Date deceased left worked at this occupation (month and year) 6/35
   11. Total time (years) spent in this occupation 3

   12. BIRTHPLACE (city or town) Maryland
   (State or country)
   13. NAME UNKNOWN
   14. MOTHER UNKNOWN
   15. MAIDEN NAME UNKNOWN
   16. BIRTHPLACE (city or town) (State or country)
   17. INFIRMARY Mrs. Morgan Hutchinson
   (Address) Mt. Airy, Md.
   18. BURIAL, CREMATION, OR REMOVAL Mt. Pleasant Cem. 6/21, 1935
   19. UNDERTAKER M. R. Etchison & Son
   (Address) Frederick, Md.
   20. FILED 20 June, 1935

   Registration Dist. No. 131...

   21. DATE OF DEATH June 18th, 1935
   (Month) (Day) (Year)

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

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

   Date of onset...

   Other Contributory Causes of importance:

   Date of...

   Name of operation...

   What test confirmed diagnosis? Was there an autopsy? Yes

   If so, specify...

   (Signed) M. D. William...
   (Address) Frederick, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

**Other contributory causes of importance:**

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Tibbsdale

2. FULL NAME: James Henry Billard
   (a) Residence: No. 120

   If nonresident given city or town and State

   Registration Dist. No.: 139
   St., Ward.

   Length of residence in city or town where death occurred: 30 yrs., mos., ds.


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

4a. If married, widowed, or divorced, HUSBAND of: Emma Morehead

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

6. DATE OF BIRTH (month, day, and year): March 26, 1865
7. AGE: Years: 70
   Months: 3
   Days: 4

8. OCCUPATION: On Farm

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Associated with farm

10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Farming

11. Date deceased last worked at: April 1938

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

13. NAME: James Billard

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

15. MAIDEN NAME: Emma Morehead

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

17. INFORMANT: James Billard
    (Address): Tibbsdale, MD

18. BURIAL, CREMATION, OR REMOVAL: Oklahoma City, OK, July 28, 1938

19. UNDERTAKER: A. E. Stueck
    (Address): Oklahoma City, OK

20. FILED: July 28, 1938

21. DATE OF DEATH: 6-30-1938

22. I HEREBY CERTIFY: That I attended deceased on March 26, 1938, to June 30, 1938.

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

   Other Contributory Causes of Importance:

   Date of onset:

   Name of operation:

   Other test results:

   Date of operation:

   Was there an autopsy?

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

   Accident, suicide, or homicide?

   Where did injury occur?

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

   Manner of Injury:

   Nature of Injury:

   If so, specify

   (Signed):

   MD.

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

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<td></td>
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</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   John Wilt
   Residence: Brunswick, Md.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
   Husband or Wife of: Cora Hawes

6. DATE OF BIRTH (month, day, and year): March 8, 1869

7. AGE
   Years: 66
   Months: 3
   Days: 2
   If less than 1 day, hrs. or min.:

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

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

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

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

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

13. NAME: George Wilt

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

15. MAIDEN NAME: Anna Baker

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

17. INFORMANT: Ruth W. Clark
   Address: Montevideo Hospital

18. BURIAL, CREMATION, OR REMOVAL
   Place: Mt. Airy, Md.
   Date: June 13, 1935

19. UNDERTAKER: C. H. Eaton and Son
   Address: Brunswick, Md.

20. FILED: June 13, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 10
   (Day) 13
   (Year) 1935

22. I HEREBY CERTIFY, That I attended deceased from
   May 2, 1935, to June 10, 1935, I last saw him live on June 10, 1935; death is said
   to have occurred on the date stated above, at 10 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Chronic Nephritis, Cerebral Hemorrhage

   Date of onset: 1924

   Other Contributory Causes of importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: Date of injury:
   Where did injury occur: (Specify 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.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

**2. FULL NAME**: William Wood

**PERSONAL AND STATISTICAL PARTICULARS**
- **Sex**: Male
- **Color or Race**: White
- **Marital Status**: Single

**DATE OF BIRTH**: Don't know

**AGE**: About 65

**OCCUPATION**: Carpenter

**DATE DECEASED LAST WORKED AT THIS OCCUPATION**: June 1935

**BIRTHPLACE (city or town)**: Maryland

**MOTHER FATHER**
- **NAME**: Gosen Wood
- **BIRTHPLACE (city or town)**: Maryland
- **MAIDEN NAME**: Sophie Smith

**INFORMANT**
- **Name**: Rose Ann Heffern
- **Address**: Rehoboth, Md.

**BURIAL, CREMATION, OR REMOVAL**
- **Place**: New Market, Md., Date: 6-21-1935

**UNDERTAKER**
- **Name**: W. E. Falconer
- **Address**: New Market, Md.

**FILED**: June 21, 1935

**DATE OF DEATH**: June 19, 1935

**MEDICAL CERTIFICATE OF DEATH**
- **Diagnosis**: None
- **Date of onset**: 6/19/1935
- **Cause of death**: Accidental
- **Accident, suicide, or homicide**: Accident
- **Date of injury**: 6/19/1935
- **Location of injury**: Bartholomew Station, Md.
- **Manner of injury**: Run into by train
- **Nature of injury**: Railway accident

**DECLARATION**
- **Name**: Stanley Graff
- **Address**: Mt. airy, Md.

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

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