**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - **County**: Carroll
   - **Registration Dist. No.**: 16
   - **Village or City**: Fells Point
   - **No.**
   - **St.,**
   - **Ward**:

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

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

   (Usual place of abode)

   **PERSONAL AND STATISTICAL PARTICULARS**

   3. **SEX**

   4. **COLOR OR RACE**

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

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

   7. **AGE**

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

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

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

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

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

   13. **NAME**

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

   15. **MAIDEN NAME**

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

   17. **INFORMANT**

   18. **BURIAL, CREMATION, REMOVAL**

   **MEDICAL CERTIFICATE OF DEATH**

   21. **DATE OF DEATH**

   22. **I HEREBY CERTIFY**

   That I attended deceased from...

   [Signature]

   **Other Contributory Causes of Importance**

   **Name of operation**

   **Date of**

   **What test confirmed diagnosis?**

   **Date of**

   **Was there an autopsy?**

   **Date of**

   **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?**

   **If so, specify**

   [Signature]

   [Address]

   [M.D.]

   [Address]

   (Signed)

   [State, County]

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>1 week ago</td>
</tr>
<tr>
<td>SEP 8, 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>JUN 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: Carroll Co

Village or City: Union Bridge Dist

Registration Dist. No.: St., Ward

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

2. FULL NAME: Charles Oscar Baker

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (month, day, and year): 08 16 1882

7. AGE: Years: 2

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

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

10. Date deceased last worked at this occupation (month and year): 8-28-33

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

12. BIRTHPLACE (city or town): Hartford Co

13. NAME: Charles Baker

14. BIRTHPLACE (city or town): Hartford Co

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town): Unknown

17. INFORMANT: Hessey Baker

18. BURIAL, CREMATION, OR REMOVAL: Reformed

19. UNDERTAKER: D. J. Hurst & Son

20. FILED: Aug. 19, 1934

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting O. 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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### Example I

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

**RECEIVED**

<table>
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<tbody>
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<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>

**BUREAU V.S.**

**DECEIVED**

**SEP 5 1936**

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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

### Example II

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

1. PLACE OF DEATH

County: Carroll  
Village or City: Henryton, Maryland.

2. FULL NAME

Margaret Bell

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

6. DATE OF BIRTH

May 15, 1915

7. AGE

20

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

Housewife

9. OCCUPATION

Unknown

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

Unknown

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

Unknown

12. BIRTHPLACE

Dames Quarters, Maryland

13. NAME

Julius Roberts

14. BIRTHPLACE

Dames Quarters, Maryland

15. MAIDEN NAME

Marriett Roberts

16. BIRTHPLACE

Dames Quarters, Maryland

17. INFORMANT

John E. O'Neil, M.D., Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place: Dames Quarters  
Dated: Aug. 12, 1935

19. UNDERTAKER

Jabez Stewart

20. FILED

8/12/35

21. DATE OF DEATH

August 12, 1935

22. MEDICAL CERTIFICATE OF DEATH

Date of onset: Sept. 1934

Other Contributory Causes of importance:

Name of operation:

What test confirmed diagnosis?

Was there an autopsy?  No

23. ACCIDENTAL DEATH

Date of injury: 1935

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

Was death due to injury?

Where did injury occur?

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

Manner of injury:

Nature of injury:

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

If so, specify (Address) (State or country)

(Signed) John E. O'Neil, M.D.

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

To be complete, an occupation return must state:
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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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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

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

- Arteriosclerosis: Date of onset 1915
- Chronic interstitial nephritis: Date of onset 1921
- Cerebral hemorrhage: Date of onset July 5, 1927

Other contributory causes of importance:
- Gallstones: Date of onset May 1, 1925

**Example II**

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

Other contributory causes of importance:
- Gastroenteritis: Date of onset 1 year

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

1. PLACE OF DEATH
   County: Carroll
   Registration Dist. No.: 74
   Village or City: Henryton, Maryland.
   Length of residence in city or town where death occurred: 0 yrs. 3 mos. 4 ds.

2. FULL NAME
   (a) Residence: 10 Wesley Ave., Catonsville, Baltimore Co., Md.
      (Unusual place of abode)

   Personal and Statistical Particulars

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

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

   6. DATE OF BIRTH (month, day, and year): May 2, 1901
   7. AGE: 34 yrs. 3 mos. 24 ds.

   Occupation:
   Housewife

   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): Unknown.

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

   12. BIRTHPLACE (city or town): Clarkesville, Maryland.

   13. NAME: Samuel Cromwell

   14. BIRTHPLACE (city or town): Elkridge, Maryland.

   15. MAIDEN NAME: Emma Smith

   16. BIRTHPLACE (city or town): Cooksville, Md.

   17. INFORMANT: John E. O'Neill, M. D.

   18. BURIAL, CREMATION, OR REMOVAL:
   Place: Henryton, Maryland.
   Date: 9/29/35

   Undertaker:
   T. C. Naumberger

   20. FILED: 8/29/35

   Deputy Local Registrar:
   [Signature]

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

   21. DATE OF DEATH
   (Month) August (Day) 26 (Year) 1935

   22. I HEREBY CERTIFY, That I attended deceased from
   May 22, 1935, to August 26, 1935

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

   Other Contributory Causes of Importance:

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

   Menner of injury:
   Nature of Injury:

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

   If so, specify
   [Signature] [Address] [M. D.]
   Henryton, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Date of onset Sep 4, 1935</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   Maryland Tuberculosis Sanatorium
   Carroll Colored Branch
   Registration Dist. No. 74
   Village or City: Henryton, Maryland.

2. FULL NAME
   Grant Butler
   (a) Residence: No. Bryantown, Charles Co., Md.

PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>MARRIAGE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Colored</td>
<td>Single</td>
</tr>
</tbody>
</table>

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

6. DATE OF BIRTH (month, day, and year)
   June 15, 1910

7. AGE
   Years: 25
   Months: 1
   Days: 21

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

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

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

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

12. BIRTHPLACE (city or town)
   Bryantown, Maryland.

13. NAME
    Richard Butler

14. BIRTHPLACE (city or town)
    Bryantown, Maryland.

15. MAIDEN NAME
    Lucy Smallwood

16. BIRTHPLACE (city or town)
    Bryantown, Maryland.

17. INFORMANT
    John E. O'Neill, M.D., Henryton, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
    August 30, 1935

19. UNDERTAKER
    Mark E. Ryan

20. FILED
    August 30, 1935

21. DATE OF DEATH
   August 6, 1935

22. I HEREBY CERTIFY.
   That I attended deceased from
   March 18, 1935, to Aug. 6, 1935.
   I last saw him alive on Aug. 6, 1935, at 6:40 a.m.
   Death is said to have occurred on the date stated above, at 6:40 a.m.
   The principal cause of death and related causes of importance were as follows:
   Pulmonary Tuberculosis

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

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

25. Other Contributory Causes of Importance:

26. Name of operation:

27. Date of:

28. What test confirmed diagnosis?

29. Was there an autopsy?
   No

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

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

32. Manner of injury:

33. Nature of Injury:

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

| Gallstones | May 1, 1923 |

Example 2

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Taneytown
   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.

2. FULL NAME:
   Franklin Fairbingle
   St., Ward.

   (Usual place of abode)

   (a) Residence: No.

   PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): Jan 18, 1869

7. AGE: 66 yrs.

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

9. OCCUPATION:

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

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

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

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

13. NAME: Oliver Fairbingle

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

15. MAIDEN NAME: Agnes Hensley

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

17. INFORMANT: Mary Fairbingle
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Taneytown
   Date: Aug 13, 1935

19. UNDERTAKER: Thomas Martin, Jr.
   (Address)

20. FILED: August 1, 1935

REGISTRATION DIST. No. 70

   (Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from
   if not alive on... Aug 1874...

   I last saw... alive on... Aug 1874...

   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:
   Carcinoma of...

   Other Contributory Causes of Importance:
   Tuberculosis of... Gastroenteritis...

   Name of operation...
   Date of...

   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...

   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? Yes

   If so, specify (Signed)...

   (Address)...

   M.D.

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own same housework 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, asphonia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: |
| Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | SEP 4 1925 |
| Cerebral hemorrhage | Jul 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

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Sykesville
   Registration Dist. No.: 14
   No. Springfield State Hospital
   Ward
   Length of residence in city or town where death occurred: 7 yrs. 6 mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Former Name: Thomas Cowley
   Residence: 3205 Woodlawn Ave.
   (Usual place of abode)
   St. Baltimore
   Ward.

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: White
   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   5a. If married, widowed, or divorced
      HUSBAND or WIFE of

6. DATE OF BIRTH (month, day, and year): May 14, 1887
7. AGE: 48 yrs. 3 mos. 4 days
   IF LESS than 1 day, hrs. or. min.

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

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

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

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

13. NAME OF FATHER: James Cowley
14. BIRTHPLACE (city or town): Ireland
    (State or country)
15. MAIDEN NAME: Jane Mitchell
16. BIRTHPLACE (city or town): Ireland
    (State or country)

17. INFORMANT (Address): Mary Cowley, 3205 Woodlawn Ave., Baltimore, Md.
18. BURIAL, CREMATION, OR REMOVAL
    Place: Holy Cross
    Date: 1935
19. UNDERTAKER (Address): John Carson, 25
20. FILED: Aug. 18, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to August 18, 1935.
    I last saw him alive on August 18, 1935.
    Death is said to have occurred on the date stated above, at 3:20 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:

    Chronic myocarditis and myocardial degeneration
    Date of onset: 21/7/35

    Other Contributory Causes of importance:
    Name of operation.
    Date of.
    What test confirmed diagnosis?
    Was there an autopsy? No.

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

    Manner of injury.
    Nature of injury.

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, 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 title, as civil engineer, mechanical engineer, mining engineer, station engineer, etc. Avoid the term “mechanic” where a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

<table>
<thead>
<tr>
<th>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:

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Also—typhoid fever in 1903. Was called “tuberculosis” in 1923 on basis of a single positive blood Wassermann and previous tuberculosis. Both blood and spinal fluid of Wassermann tests were negative in 1927 although no specific antituberculous treatment were given. Both blood and spinal fluid were negative in 1935 (July 25).
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   Audrey Elizab Th Gabert
   (a) Residence: No.
   (b) Ward: St.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   MARRIED

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

7. AGE: 60 yrs. 27 mos.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
    Thelma Leib

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

15. MAIDEN NAME
    Eteliee Gabert

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

17. INFORMANT (Address)
    Emanuel Gabert

18. BURIAL, CREMATION, OR REMOVAL
    Place: Reformed Church, Aug 4, 1938

19. UNDERTAKER
    Emanuel Gabert

20. FILED
    Aug 3, 1938

21. DATE OF DEATH
    Aug 2, 1938

22. I HEREBY CERTIFY that I attended deceased from Aug 13, to Aug 19, 1938
    I saw deceased alive on Aug 19, 1938, and death is said to have occurred on the date stated above
    Other Contributory Causes of importance:

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>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>Sep 4 1935</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>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

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

1. PLACE OF DEATH
County: Carroll
Village or City: Easton

2. FULL NAME
(a) Residence: No. Easton

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)
Feb. 5, 1852

7. AGE
Years: 85
Months: 5
Days: 28

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
Carroll Co

13. NAME
Emma B. De Moss

14. BIRTHPLACE (city or town)
(Wife)

15. MAIDEN NAME
Rachel Belt

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

17. INFORMANT
Arthur A. De Moss

18. BURIAL, CREMATION, OR REMOVAL
Embalm and Embalmer, Aug. 4, 1935

19. UNDERTAKER
E. B. Belle & Sons

20. FILED
Aug., 1935

REGISTRATION DIST. NO. 9, WARD 1

21. DATE OF DEATH
Aug. 2, 1935

I last saw him alive on Aug. 1, 1935; death is said to have occurred on the date stated above, at 6 p.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardio-Vascular Disease, 2 years
Chronic myoscarditis, duration: 2 years

Other Contributory Causes of Importance:

Date of onset

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (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.
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>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
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</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Example II

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
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<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll Co
   Village or City: Union Bridge, Md
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Charles Monroe Devilliers
   Residence: No. Union Bridge, Md

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, and year): Sept. 21, 1853
7. AGE: 81 yrs. 10 mos. 26 days

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

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

13. NAME: Helen Devilliers
    Father:

14. BIRTHPLACE (city or town):
    (State or country): Unknown
15. MAIDEN NAME: Elizabeth Feeheley
16. BIRTHPLACE (city or town):
    (State or country): Unknown

17. INFORMANT:
   Address: Charles Angell
18. BURIAL, CREMATION, OR REMOVAL:
   Place: Middleburg, date: Aug. 20, 1935
19. UNDERTAKER:
   Address: Raymond K. Wright
20. FILED: Aug. 17, 1935

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: 8-17-1935
22. HEREBY CERTIFY, That I attended deceased from 2-4-1935 to 8-17-1935; I last saw him alive on 8-17-1935; death is said to have occurred on the date stated above, at 4 P.M.

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

Anterior Poliomyelitis

Other contributory causes of importance:

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

23. If death was due to external causes (violence) fill in 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 death due to external causes (violence) fill in the following:
   If so, specify:
   (Signed):
   (Address): Carroll Co
   M.D.

Registrar:

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td><strong>RECEIVED</strong> SEP 5 1939 <strong>BUREAU V.S.</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Example II**

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

**Other contributory causes of importance:**

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

**Gastroenteritis** 1 year

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

### 1. PLACE OF DEATH
- County: Carroll
- Village or City: Fredericktown

### 2. FULL NAME
- Catharine Dillard

### PERSONAL AND STATISTICAL PARTICULARS

#### 3. SEX
- Female

#### 4. COLOR OR RACE
- Caucasian

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

#### 6. DATE OF BIRTH
- Oct. 30, 1899

#### 7. AGE
- Years: 36
- Months: 9
- Days: 11

#### 8. OCCUPATION
- Housework

#### 10. DATE OF DEATH
- Aug. 14, 1933

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH
- Aug. 14, 1933

#### 22. I HEREBY CERTIFY
- That I attended deceased from
- Last saw deceased: Aug. 14, 1933
- Was death instantaneous? Yes
- Date of death is correct: Yes

#### 23. OTHER CONTRIBUTORY CAUSES
- Chronic Alcholism
- Head injury

#### 24. WAS DISEASE OR INJURY ANY WAY RELATED TO OCCUPATION OF DECEASED?
- Yes

#### 25. UNDERTAKER
- John F. Gallaher

#### 26. FILED
- Aug. 15, 1933

### 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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9.—The industry or business in which the work was done.
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**Example I**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
<th>Cause of Death</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>SEP 4 1935</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></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: Carroll
   Village or City: Henryton, Maryland
   Registration Dist. No. 74
   Color Branch (23) No. (Above)
   Length of residence in city or town where death occurred: 0 yrs. 1 mos. 5 ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Addie Virginia Dishroom
   Residence: Pasadena, Anne Arundel Co., Md.
   Ward.
   If nonresident give city or town and State of residence.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   If married, widowed, or divorced HUSBAND or (or) WIFE of:
   Solly Dishroom
   Occupation: Housewife
   Place of death: At home
   Age: 22 yrs. 2 mos. 21 ds.

6. DATE OF BIRTH (month, day, and year): May 20, 1913
7. AGE: 22 yrs. 2 mos. 21 ds.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAMWER, BOOKKEEPER, etc.
   Occupation: Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   Industry: Housewife

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

12. BIRTHPLACE (city or town): Bowie
    (State or country): Maryland
13. NAME: Wesley Brantford
14. BIRTHPLACE (city or town): Unknown
    (State or country): Maryland
15. MAIDEN NAME: Myrtle Smith
16. BIRTHPLACE (city or town): Unknown
    (State or country): Maryland
17. INFORMANT: John B. O'Neill, M.D.
    (Address): Henryton, Maryland
18. BURIAL, CREMATION, OR REMOVAL
    Place: Grubb's, Md. Date: Aug. 14, 1935
19. UNDERTAKER: Joseph A. Lively
    (Address): Main St.
20. FILED: 8/10/35, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: August 10, 1935

The principal cause of death was: Pulmonary Tuberculosis

Other Contributory Causes of importance:

Name of operation:

What test confirmed diagnosis:

Was there an autopsy?

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

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

Manner of injury:

Natura of Injury:

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

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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Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<td>Arteriosclerosis</td>
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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 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>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
County: Carroll
Village or City: Woodbine
Reg. Dist. No.: 82
St., Ward: 
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
Infant Rise Osvald
(a) Residence: No. St., Ward. (Unusual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male

4. COLOR OR RACE
Infant

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

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

6. DATE OF BIRTH (month, day, and year)
Aug. 25, 1935

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

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
Osvald

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

15. MAIDEN NAME
Peake S. Osvald

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

17. INFORMANT
Osvald

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED
Aug. 25, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
Aug. 25, 1935

22. I HEREBY CERTIFY that I attended deceased from
I last saw h. on Aug. 21, 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:

Place: Woodbine

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
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<td>Date of onset</td>
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<tr>
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<td>1921</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
<tr>
<td>Attack of epilepsy</td>
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</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Westminster
   Registration Dist. No.: 76
   St., Ward:

2. FULL NAME
   (a) Residence: Westminster

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

   DATE OF DEATH
   (Month, Day, and Year): Aug 16, 1935

   MEDICAL CERTIFICATE OF DEATH
   I last saw him alive on Aug 16, 1935; death is said to have occurred on the date stated above.

   Other Contributory Causes of importance:

   Other Contributory Causes of importance:

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

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

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

25. Occupation...

26. Date of onset...

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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 | Sep 8, 1925 |
| 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: [Name of County]
   Village or City: [Name of City]
   Registration Dist. No.: [Registration Dist. No.]
   No. St. Ward


2. FULL NAME
   (a) Residence: [Name]
   (Usual place of abode)
   St., [State] Ward.
   If nonresident, give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   [Male or Female]

4. COLOR OR RACE
   [Specify]

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

5a. If married, widowed, or divorced
   HUSBAND of [Name of Husband]
   (or WIFE of [Name of Wife])

6. DATE OF BIRTH (month, day, and year)
   [Month] [Day] [Year]

7. AGE
   Years [ ] Months [ ] Days [ ]
   If LESS than 1 day, [ ] hrs. [ ] min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, 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)
    [Month] [Year]

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

12. BIRTHPLACE (city or town)
    (State or country)
    [Name of City/State]

13. NAME
    [Name]

14. BIRTHPLACE (city or town)
    (State or country)
    [Name of City/State]

15. MAIDEN NAME
    [Name]

16. BIRTHPLACE (city or town)
    (State or country)
    [Name of City/State]

17. INFORMANT
    (Address)
    [Address]

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

19. UNDERTAKER
    (Address)
    [Address]

20. FILED
    [Date]

21. DATE OF DEATH
    [Month] [Day] [Year]

22. I HEREBY CERTIFY, That I attended deceased from [Month] to [Month]
    I last saw [Month] [Day] [Year]
    To have occurred on the date stated above, at [Time]
    Death is said to have occurred

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: [Month] [Day] [Year]

    Where did injury occur? [ ]
    Specify city or town, county and State:

    Manner of Injury
    Nature of injury

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

If more blanks are needed, address State Registrar, 2433 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>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Received Sep 8 1935</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 6, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
</tr>
</tbody>
</table>

**RECEIVED**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

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

<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: Carroll
   Village or City: Eldersburg
   Length of residence in city or town where death occurred: 60 yrs. 0 mos. 0 ds.

2. FULL NAME
   Emma C. Folk
   (a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Oct. 23, 1869

7. AGE
   Years: 75
   Months: 9
   Days: 15
   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.
   Home

10. Date deceased last worked at this occupation (month and year)
    1933

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

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

13. NAME
    Emma C. Folk

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

15. MAIDEN NAME
    Jacob Folk

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

17. INFORMANT
    Rosss Niswander
    Address: Manchester, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Manchester, Md.
    Date: Aug. 11, 1935

19. UNDERTAKER
    Jacob Winsted Sons
    Address: Manchester, Md.

20. FILED
    Aug. 10, 1935

Registration Dist. No. 75

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) 7
    (Day) 8
    (Year) 1935

    First saw him alive on Aug. 8, 1935; death is said to have occurred on the date stated above, at 4:40 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Malignant Tumorous Condition of the Heart and Lungs

    Other Contributory Causes of importance:
    Date of onset: 3rd day.

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?: None.
    Date of injury: 1935.
    Where did injury occur?: Manchester, Md.
    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: None.
    (Signed): Edgar M. Budek
    M. D.

Registrar.

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.

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

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

1. PLACE OF DEATH

County: Carroll
Village or City: Runn Bridge
Length of residence in city or town where death occurred:

2. FULL NAME

(a) Residence: No. 200 Bridge St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

CONOR OR RACE: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

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

6. DATE OF BIRTH (month, day, and year): July 27, 1935

7. AGE: 92 Years, 9 months, 22 days

8. Trade, profession, or particular kind of work done: NONE

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

10. Date deceased last worked at this occupation: none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town): Maryland

13. NAME: Charles Edward Satin

14. BIRTHPLACE (city or town): Maryland

15. MAIDEN NAME: Margaret J. Brown

16. BIRTHPLACE (city or town): Maryland

17. INFORMANT (Address): Charles Edward Satin

18. BURIAL, CREMATION, OR REMOVAL

Place: Maryland City
Date: Aug 23, 1939

19. UNDERTAKER: D. D. Henders, J. Long

20. FILED: Aug 23, 1939

21. DATE OF DEATH

(a) Month: August
(b) Day: 24
(c) Year: 1935

22. I HEREBY CERTIFY That I attended deceased from

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

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

If so, specify:

S

Name of operation:

Date of:

What test confirmed diagnosis?

Was there an autopsy?

Place:

Date:

Date of:

Was injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

Manner of injury:

Nature of injury:

If so, specify:

(Signed) M.D.

ADDRESS:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 2."

If nonresident give city or town and State
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1928</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**1. PLACE OF DEATH**
- County: Carroll
- Village or City: Westminster
- Street: No. 17
- Length of residence in city or town: 11 yrs. 9 mos. 11 days

**2. FULL NAME**
- Name: Frank Gibson

**PERSONAL AND STATISTICAL PARTICULARS**
- **SEX:** Male
- **COLOR OR RACE:** Black
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED:** Married
  - If married, widowed, or divorced, give name and relationship of spouse: Mary E. Gibson

**DATE OF DEATH**
- **Date:** August 13, 1935

**MEDICAL CERTIFICATE OF DEATH**
- **Date of onset:** Feb. 5, 1935

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
- Secondary Cause: Carcinoma Stomach

**INFORMANT**
- Name: Mary E. Gibson
- Address: Westminster End

**BURIAL, CREMATION, OR REMOVAL**
- Place: Graciela, Gom. Date: Aug. 16, 1935

**UNDEARTKER**
- Name: T. B. Wood

**FILED**
- Date: 8.14, 1935

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requening U. S. No. 1.
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</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1925 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</tr>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
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</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: Carroll
   Village or City: Sykesville
   No. Springfield State Hospital
   Ward: 23

   Length of residence in city or town where death occurred...27 yrs. 6 mos. 5 ds.
   How long in U.S. if of foreign birth?...yrs. mos. ds.

2. FULL NAME: Thomas H. Gudgeon
   (a) Residence: No. Sparrows Point, Maryland. St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
   5a. If married, widowed, or divorced

   HUSBAND of...
   OR WIFE of

   6. DATE OF BIRTH (month, day, and year): March 9, 1864

   7. AGE
   Years: 61
   Months: 5
   Days: 16
   If LESS than 1 day... 0 hrs.
   or... 0 min.

   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.:

   Laborer

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

   Unknown

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

   Unknown

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

13. NAME: Thomas H. Gudgeon

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

15. MAIDEN NAME: Ruta A. Corn

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

17. INFORMANT (name and address): Springfield State Hospital (Records)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Baltimore, Md.
   Date: Aug. 28, 1935

19. UNDERTAKER: L. S. Lewis & Sons
   Address: 1710 E. St., Baltimore


   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>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Lanswood
   Length of residence in city or town where death occurred: 12 yrs. mos. ds.

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

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

   6. DATE OF BIRTH (month, day, and year): Aug 3, 1860
   7. AGE: 41 yrs.

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: None

   10. Date deceased last worked at this occupation (month and year): None

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

   12. BIRTHPLACE (city or town): New Windsor, Maryland

   13. NAME: Solomon S. Ecker
   14. BIRTHPLACE (city or town): New Windsor, Maryland
   15. MAIDEN NAME: Hettie A. Poole
   16. BIRTHPLACE (city or town): Frederick Co., Maryland

   17. INFORMANT: Joseph E. Ecker (Address: Lanswood, Md)
   18. BURIAL, CREMATION, OR REMOVAL: Place: Lanswood, Date: Aug 4, 1935

   19. UNDERTAKER: F. B. Beckhardt & Co. (Address: Owings Mills, Md)

   20. FILED: Aug 4, 1935

   21. DATE OF DEATH: August 2, 1935

   22. I HEREBY CERTIFY. That I attended deceased from...

   The principal cause of death and related causes of importance were as follows:
   - Arteriosclerosis
   - Intestinal Fistula
   - Bronchitis

   Other Contributory Causes of importance:
   - None

   Name of operation: 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 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?
   - If so, specify: None

   Signature: None

   If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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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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<tbody>
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</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County
Registration Dist. No.
Village or City
No.
(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)
No. St.
Ward
4. COLOR OR RACE

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

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

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

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

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOokeeper, 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 or years spent in this occupation

11. Total time (years) spent in this occupation

21. DATE OF DEATH

8 (Month)
19 (Day)
1935 (Year)

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

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

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

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

MANNER OF INJURY

NATURE OF INJURY

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

17.

18.

19.

20. FILED

Aug. 19, 1935

April 19

1935

20.

FILER

Registrar.

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

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

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<td>Attack of epilepsy</td>
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<td>Run over by street car</td>
</tr>
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td>SEP 4 1935</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 6, 1927</td>
<td>3 days ago</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Carroll
   Village or City: Sykesville, Maryland
   Registration Dist. No.: 1
   Springfield State Hospital, Ward No.
   Length of residence in city or town where death occurred: yrs. 5 mos. 27 days.

2. FULL NAME
   Walter Taylor Hill
   Residence: No. 235 Columbia Street, Cumberland, Maryland.
   If nonresident give city or town and State.

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: White
   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD):
   Widowed
   If married, widowed, or divorced, WIFE or HUSBAND of:
   Mary Hill
   DATE OF BIRTH (month, day, and year): Nov. 17, 1857
   AGE: 75 years 9 months 5 days
   OCCUPATION: Cigar Maker
   About, 1933
   Unk.
   BIRTHPLACE (city or town): Cumberland
   (State or country): Maryland
   NAME: James Hill
   FATHER: Unknown
   BIRTHPLACE (city or town): Unknown
   (State or country): England
   MAIDEN NAME: Emily Ponsford
   BIRTHPLACE (city or town): Unknown
   (State or country): England
   INFORMANT: Records; Springfield State Hospital
   Sykesville, Maryland.
   Date: Aug 26, 1935

4. MEDICAL CERTIFICATE OF DEATH
   DATE OF DEATH: August 22nd, 1935.
   I HEREBY CERTIFY, that I attended deceased from May 6, 1935 to August 22, 1935.
   I last saw him alive on August 22, 1935.
   Death is said to have occurred on the date stated above, at 1:50 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   General Arteriosclerosis
   Prior to Feb. 23, 1935
   Other Contributory Causes of importance:
   Broncho-pneumonia
   Date of onset: 8/21/35
   Name of operation: None
   Phys. exams. and laboratory: No
   Date of: 
   What test confirmed diagnosis?: 
   While there an autopsy?: No
   Manner of injury:
   Nature of injury:
   Date of:
   Where did injury occur?:
   (Specify city or town, county, and State):
   Specified whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   23. If death was due to external causes (VIOLENCE) fill in also the following:
      Accident, suicide, or homicide?: Yes
      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:
      Date of:
      Where did injury occur?:
      (Specify city or town, county, and State):
      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:
      (Signed) Chas. C. Lewis
      M.D.
      Address: Sykesville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1. (S. J. Boyd)
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:

Example I

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>SEP 4 1935</td>
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<td>Chronic interstitial nephritis</td>
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<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
County. Carroll
Village or City. near Freedom, ---- R.F.D. -- Sykesville. St., Ward.
Length of residence in city or town where death occurred. 16 yrs. 4 mos. ds.

2. FULL NAME. Louise E. Houck
(a) Residence: No. near Freedom, Md. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX. Female
4. COLOR OR RACE. White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word). Married
6. DATE OF BIRTH (month, day, and year). 1894-6-9
7. AGE. 41 yrs., 1 mo., 28 days
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE. Housewife
9. OCCUPATION. Housewife
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR). 7/14/35
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION. 20 yrs.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH. August 7, 1935
22. I HEREBY CERTIFY that I attended deceased from 19 to 19.
I last saw him on 19, 19, and I certify to have occurred on the date stated above, at 1:00, 50 A.M.
The principal cause of death and related causes of importance were as follows:

Self-inflicted wound

Other Contributory Causes of Importance:

13. NAME. Walter Engel
15. MAIDEN NAME. Irene M. Albaugh
17. INFORMANT. Merton A. Engel
18. BURIAL, CREMATION, OR REMOVAL. Pipe Creek Cemetery, Aug. 10, 1935
19. UNDERTAKER. M. Mall
20. FILED. Aug. 8, 1935

If more blanks are needed, address State Registrar, 2414 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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Example I

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

| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | Jul 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:

| 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: Carroll
   Village or City: Sykesville, Springfield Hospital
   Length of residence in city or town where death occurred: 7 yrs 5 mos 30 ds

2. FULL NAME
   (a) Residence: No. 414, Ralph W. Haywood, 4th, Randall St. Apt.
   (b) Name: Frederick Schafft
   (c) Wife: Maud

3. PERSONAL AND STATISTICAL PARTICULARS
   3a. Sex: Male
   3b. Color or Race: White
   5a. Single, Married, Widowed, or Divorced: Married
   5b. Given name: John
   5c. Maiden name: Schafft
   5d. Father's name: George Schafft
   5e. Mother's name: Anna Schafft
   6. Date of Birth: Aug, 17, 1879
   7. Age: 56 yrs 6 mos 30 ds

4. OCCUPATION
   9. Trade, profession, or particular kind of work done: Laborer
   10. Date deceased last worked: UNK
   11. Total time spent in occupation: UNK

5. BIRTHPLACE
   12. City or town: Baltimore
   13. State or country: MD

6. MEDICAL CERTIFICATE OF DEATH
   22. I HEREBY CERTIFY, That I attended deceased from 1933 to 1935.
   I last saw him alive on Aug, 16, 1935; death is said to have occurred on the date stated above, at 8 A.M.
   The principal cause of death and related causes of importance were as follows:
   Cancer of stomach

7. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   Malignant peritonitis

8. INFORMANT
   Name of informant: Henry Schafft
   Address: Sykesville, MD

9. BURIAL, CREMATION, OR REMOVAL
   Date of burial: Aug, 19, 1935

10. UNDERTAKER
    Name: William Ocker
    Address: Baltimore, MD

11. FILED
    Date: Aug, 16, 1935

(Signed) John L. Welsch, M.D.
(Address) 553 W. 35th St., Sykesville, MD

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### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This patient was transferred from City Hospital, Baltimore. We consider the cause of death cerebral hemorrhage. No inquest was held. We have been assured by the family that deceased was not addicted to alcoholic drink.

John Wilson
1. PLACE OF DEATH
   County: Carroll
   Village or City: Henrytown, Maryland
   Registration Dist. No.: 74
   War Service: None

2. FULL NAME
   Christine Johnson
   Residence No.: Reisterstown, Baltimore County, Maryland
   War Service: None

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

6. DATE OF BIRTH: Jan. 29, 1917
7. AGE: 18 yrs. 6 mos. 5 days

OCCUPATION
8. Trade, profession, or particular kind of work done: Domestic
9. Industry or business in which work was done: General Housework
10. Date deceased last worked: Unknown
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town): Reisterstown, Maryland
13. NAME: James H. Johnson
14. FATHER: Maggie Thompson
15. MAIDEN NAME: Reisterstown, Maryland
16. MOTHER: Reisterstown, Maryland

17. INFORMANT: John E. O'Neill, M.D., Henryton, Maryland
18. BURIAL, CREMATION, OR REMOVAL: St. Peter's, Date: Aug. 5, 1935
19. UNDERTAKER: J. A. Eakin & Son
20. FILED: 8/3/35

STATE OF MARYLAND—CERTIFICATE OF DEATH

21. DATE OF DEATH: August 3, 1935
22. I HEREBY CERTIFY. That I attended deceased from July 5, 1935, to Aug. 3, 1935, and the time of death was 2:00 A.M. on Aug. 3, 1935.

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

Pulmonary Tuberculosis

Other Contributory Causes of Importance:

Name of operation:

Manner of injury:

Nature of injury:

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

Accident, suicide, or homicide:

Where did injury occur:

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

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

If so, specify:

(Signed)

(Print Name)

(Print Address)

(Print City)

(Print State)

(Print Zip Code)

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

### Example II

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

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

1. PLACE OF DEATH

County: Carroll
Village or City: Westminster

Length of residence in city or town where death occurred: 13 yrs. _ mos. _ ds.

2. FULL NAME


PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

5a. If married, widowed, or divorced
HUSBAND or (Wife) of: Elsie Bruning Klee

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

Nov 15, 1871

7. AGE

63 _ 9 _ 20

5b. If married, widowed, or divorced

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.

Farmer

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Hanover, Maryland

13. NAME

John Klee

14. BIRTHPLACE (city or town)

Hessen, Bergamarkt, Germany

15. MAIDEN NAME

Mary Eliza Klee

16. BIRTHPLACE (city or town)

Hanover, Maryland

17. INFORMANT

Mary Eliza Klee

18. BURIAL, CREMATION, OR REMOVAL

Place: Westminster

Date: Aug 7, 1935

19. UNDERTAKER

H. Bankard & Son

20. FILED

T. B. Bergengaler, M.D.

REGISTRAR

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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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset:</td>
<td>Date of onset:</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Jul 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, 1925</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

## 1. PLACE OF DEATH
- **County:** Carroll
- **Village or City:** Sykesville
- **Registration Dist. No.:** Sykesville State Farm Ward
- **Length of residence in city or town where death occurred:** 1 yrs. 4 mos. 23 ds.
- **How long in U.S. if of foreign birth:** yrs. mos. ds.

## 2. FULL NAME
- **Mary Majoli**
- **Residence:** No. 809, Baltimore St.
- **Ward:** Sykesville

### PERSONAL AND STATISTICAL PARTICULARS

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

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 16, 1914</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
<th>Years</th>
<th>Months</th>
<th>Days</th>
<th>IF LESS than 1 day, hrs. or min.</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>5</td>
<td>22</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>name</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore City (Maryland)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank Majoli</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sykesville (Maryland)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. MAIDEN NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia Currie</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. INFORMANT (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrar</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place: St. Paul's</td>
</tr>
<tr>
<td>Date: Aug. 10, 1935</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. UNDERTAKER (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Howard</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. FILED (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug. 7, 1935</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>22. I HEREBY CERTIFY, That I attended deceased from July 22, 1934, to August 7, 1935</th>
</tr>
</thead>
<tbody>
<tr>
<td>to have occurred on the date stated above, at 2:00 a.m.</td>
</tr>
</tbody>
</table>

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congestive Heart Failure</td>
</tr>
<tr>
<td>Other Contributory Causes of importance:</td>
</tr>
</tbody>
</table>

Name of operation: Date of...

What test confirmed diagnosis?: Date of...

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: 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):

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

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<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>SEP 4 1935</td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>1921</td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Gallstones</strong></td>
</tr>
<tr>
<td>July 4, 1927</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

Maryland Tuberculosis Sanatorium

1. PLACE OF DEATH
   County: Carroll
   Location: Colored Branch (23)
   Registration Dist. No.: 74

   Village or City: Henryton, Md.

2. FULL NAME
   Elouise Mills
   Residence: 1039 Myrtle Ave., Baltimore, Maryland.

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Female
   Color or Race: Colored
   Single, Married, Widowed, or Divorced: Single

4. DATE OF BIRTH
   Sept. 10, 1914

5. OCCUPATION
   Domestic General Housework

6. PLACE OF DEATH
   July 1934

7. MEDICAL CERTIFICATE OF DEATH
   Diagnosis: Pulmonary Tuberculosis

8. SIGNATURE OF OFFICER
   John E. O'Neill, M.D.

9. DEATH CERTIFICATE
   August 27, 1935

10. PLACE OF DEATH
    Henryton, Md.

11. DEATH CERTIFICATE
    August 27, 1935

12. BIRTHPLACE
    Wilmington, North Carolina

13. NAME
    Frank Mills

14. FATHER
    Rose Pierce

15. MAIDEN NAME
    Wilmington, North Carolina

16. MOTHER
    North Carolina

17. INFORMANT
    John E. O'Neill, M.D.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Henryton, Maryland

19. UNDERTAKER
    1937

20. FILED
    8/27/35

If more blanks are needed, address State Registrar, 2412 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 | SEP 4, 1935 | 1915 |
| Chronic interstitial nephritis | BUREAU V. S. | 1931 |
| Cerebral hemorrhage | July 5, 1927 | 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 streetcar | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

- Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Carroll
   Village or City: Sykesville
   No. Springfield State Hospital
   Ward: Unk.
   Length of residence in city or town where death occurred: 2 yrs. 1 mos. 27 ds.

2. FULL NAME: Angela Mocci
   (a) Residence: Union Bridge, Maryland

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): May 20, 1866
7. AGE: 49 yrs. 2 mos. 19 days

8. Trade, profession, or particular kind of work done: Laborer
9. Industry or business in which work was done: Cement works
10. Date deceased last worked at this occupation (month and year): Apr., 1933
11. Total time (years) span in this occupation: Unk.

12. BIRTHPLACE (city or town): Unknown
    (State or country): Italy
13. NAME: Siestro Mocci
14. BIRTHPLACE (city or town): Unknown
    (State or country): Italy
15. MAIDEN NAME: Roleta
16. BIRTHPLACE (city or town): Unknown
    (State or country): Italy

17. INFORMANT: Springer State Hospital
    Address: Sykesville, Md.
18. BURIAL, CREMATION, OR REMOVAL: Sykesville, Md.
19. UNDERTAKER: Sykesville, Md.

20. FILE #: 08673

21. DATE OF DEATH: August eighth, 1935
   (Month) 193 (Day) 193 (Year)

22. I HEREBY CERTIFY, that I attended deceased from January 29, 1934, to August 8, 1935. I last saw him alive on Aug. 8, 1935; death is said to have occurred on the date stated above, at 12:30 a.m. The principal cause of death and related causes of importance were as follows:
   - General Paralysis of the Insane
     Date of onset: 6/14/33
   - Broncho-pneumonia
     Date of onset: 8/5/35

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide?: No
   Date of injury: 19
   Where did injury occur?: Unk.
   (Specify city or town, county, and State)
   Specify whether injury occurred in Industry, in home, or in public place.
   Manner of injury: Unk.
   Nature of injury: Unk.

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

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

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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEP 4, 1935</td>
</tr>
<tr>
<td>1921</td>
</tr>
<tr>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

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

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

<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<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: Carroll
Village or City: Sykesville, Md.
Length of residence in city or town where death occurred: 3 yrs., 3 mos., 21 ds.

2. FULL NAME: Solomon Oliver Nachman
(a) Residence: No. 932 Whitelock St., Baltimore, Md.
(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)
Aug. 8, 1856

7. AGE
79

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWMILL, BANK, ETC.
Ship Chandler

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SAWMILL, SAW MILL, BANK, ETC.
Ship Chandler

10. DATA DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
1938

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

12. BIRTHPLACE (CITY OR TOWN)
Mainz, Germany

13. NAME
Joseph L. Nachman

14. BIRTHPLACE (CITY OR TOWN)
Unknown

15. MAIDEN NAME
Jeanette Michael

16. BIRTHPLACE (CITY OR TOWN)
Unknown

17. INFORMANT
Springfield State Hospital (Hospital Records), Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER
David B. Soudber, Baltimore, Md.

20. FILER
Aug. 11, 1935. Harry Miller

REGISTRATION DIST. NO. 74

21. DATE OF DEATH
Aug. 27, 1935

I first saw him alive on Aug. 27th, 1935; death is said to have occurred on the date stated above, at 8:30 P.M.

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

Pulmonary Tuberculosis Prior to May 27, 1935

Other Contributory Causes of importance:

Name of operation

Physical examination and laboratory findings

Date of

Was there an autopsy? No

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

Manner of injury

Nature of Injury

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

If so, specify

(Signed)

Registrar

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

(S. S. Tubber)
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>Arteriosclerosis</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Arteriosclerosis</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Arteriosclerosis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Cerebral hemorrhage</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gallstones</td>
</tr>
<tr>
<td>Gastroenteritis</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: Carroll
   Village or City: near Morgan, --- R. F. D., Woodbine, Md.
   Length of residence in city or town where death occurred: 31 yrs., mos., ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.
   Registration Dist. No.: 83

2. FULL NAME: John Ott,
   (a) Residence: No. near Morgan, Md., St., Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): 1859-9-3
7. AGE: Years, Months, Days
   If LESS than 1 year, Hrs. or Min.
   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.
   Date deceased last worked at this occupation (month end year):
   Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Baltimore, Maryland.
13. NAME: Johann Ott.
14. BIRTHPLACE (city or town): Unknown
   (State or country): II
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town): Unknown
   (State or country): II
17. INFORMANT: Mrs. Lillian Poole,
   (Address): Lisbon, Md.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Trinity Cemetery. Date: Aug. 9, 1935.
19. UNDERTAKER: Leo W. Heltz
   (Address): Winfield, Md.
20. FILED: Aug. 8, 1935

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month), (Day), (Year): August, 7, 1959

I HEREBY CERTIFY, That I attended deceased from
   I last saw him alive on: Aug. 6, 1935, and death is said to have occurred on the date stated above, at 4 A.M.

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

Other Contributory Causes of importance:

Name of operation: 

What test confirmed diagnosis?: 

Was there an autopsy?:

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

Manner of injury:

Nature of injury:

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

(Signed): 

M. D.

ADDRESS: 

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
United States Standard Certificate of Death

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

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.

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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:

**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>

Addition Space for further statements by physician
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Carroll
   - Village or City: Westminster
   - Registration Dist. No.: 76

2. **FULL NAME**
   - John Anthony Polster
   - Residence: No. N. Church St., Ward.

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF DEATH**
   - August 3, 1935

7. **DATE OF BIRTH**
   - July 1, 1869

8. **OCCUPATION**
   - Farmer

9. **BIRTHPLACE**
   - Carroll County, Maryland

10. **MOTHER NAME**
    - Margaret Byer

11. **BIRTHPLACE**
    - Maryland

12. **INFORMANT**
    - Lester C. Polster
    - Address: Sykesville, Md.

13. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Smallwood, Md.
    - Date: Aug. 5, 1935

14. **UNDERTAKER**
    - J. Francis Reese
    - Address: Westminster, Md.

15. **MEDICAL CERTIFICATE OF DEATH**
    - **DATE OF DEATH:** August 3, 1935

16. **DATE OF DEATH:**
    - **Month:** August
    - **Day:** 3
    - **Year:** 1935

17. **I HEREBY CERTIFY**:
    - That I attended deceased from July 1, 1869, to Aug. 3, 1935;
    - If last few h., ... alive on Aug. 2, 1935; death is said to have occurred on the date stated above, at 2:30 a.m.

18. **THE PRINCIPAL CAUSE OF DEATH**
    - Liver Cancer

19. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - Chronic Myocarditis

20. **DATE OF DEATH:**
    - August 3, 1935

21. **NATURE OF INJURY**
    - No

22. **MANNER OF INJURY**
    - No

23. **SPECIFY MANNER OF INJURY**
    - No

24. **SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE**
    - No

25. **SIGNATURE:**
    - (Signed) E. B. Bollinger, 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.

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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>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>SEP 8, 1920</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: Carroll
Village or City: Finksburg
No. St. Ward

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

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

6. DATE OF BIRTH (month, day, and year): Dec. 29, 1881

7. AGE: 53 Years 7 Months 29 Days

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

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

10. Date deceased last worked at this occupation: na

11. Total time (years, months, days, and hours) spent in this occupation: na

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

13. NAME: William W. Shroyer

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

15. MAIDEN NAME: Matilda C. Bowen

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

17. INFORMANT: Miss Alma Shroyer

18. BURIAL, CREMATION, OR REMOVAL: Druid Ridge Cem., Baltimore, Aug. 30, 1935

19. UNDERTAKER: J. Francis Reese

20. FILED: 1936

21. DATE OF DEATH: August 31, 1935

22. I HEREBY CERTIFY: That I attended deceased on Aug. 7th, 1935, and Aug. 22nd, 1935. I last saw deceased alive on Aug. 27th, 1935. I certify death occurred on the date stated above at: 6:00 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 following:
Accident, suicide, or homicide? Date of injury: 19

24. Was disease or injury in any way related to occupation of deceased? Nature of injury: 20

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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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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Example I

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

Example II

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
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<td>1 week ago</td>
</tr>
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<td>Peritonitis</td>
<td>3 days ago</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>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: Carroll
   Village or City: Finksburg
   Length of residence in city or town where death occurred: 40 yrs.

2. FULL NAME
   Simon Jacob Schaffner
   Residence: Finksburg, Carroll Co.
   Husband of Virginia M. Schaffner
   Wife of Virginia M. Schaffner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
   HUSBAND OF Virginia M. Schaffner
   WIFE OF Virginia M. Schaffner

6. DATE OF BIRTH (Month, day, and year): Aug. 16, 1880
7. AGE 56 yrs.
6 mos.
9 days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Farm
   Industry or business in which work was done: Farm
   Occupation: Farm

   Place of death: Finksburg
   Date of death: Aug. 25, 1935
   Undertaker: J. F. Kline
   Filed: Sept. 26, 1935

10. TOTAL TIME (YEARS, MONTHS, DAYS) SPENT IN THIS OCCUPATION: 10 yrs.

11. MEDICAL CERTIFICATE OF DEATH
    I HEREBY CERTIFY, that I attended deceased from...
    to...
    Death is said to have occurred on the date stated above, at 12 noon.

    The principal cause of death and related causes of importance were as follows:
    Cardio-Vascular Disease
    Coronary thrombosis, hypertensive cardiac
    Disease, arteriosclerotic

    Other Contributory Causes of Importance:

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

22. 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)

23. Manner of injury:

24. Nature of injury:

25. Was disease or injury in any way related to occupation of deceased: No
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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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:

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>SEP. 8, 1939</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Juy 6, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

- **Other contributory causes of importance:**
  - **Gallstones**
  - **Gastroenteritis**
  - 1 year

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

1. **PLACE OF DEATH**
   - County: Carroll
   - Village or City: Union Bridge

2. **FULL NAME**
   - Anna Mary Senseney

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

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

6. **DATE OF BIRTH**
   - (month, day, and year): Aug 3, 1865

7. **AGE**
   - Years: 67
   - Months: 0
   - Days: 21
   - If LESS than 1 day, ______ hours or ______ min.

8. **OCCUPATION**
   - Housekeeper

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

10. **BIRTHPLACE**
    - (city or town, State or country): Johnsonville, Ky.

11. **DATE OF DEATH**
    - (Month), (Day), (Year): Aug 28, 1935

12. **BIRTHPLACE**
    - (city or town, State or country): Johnsonville, Ky.

13. **NAME**
    - Anna Mary Senseney

14. **FATHER NAME**
    - John D. Senseney

15. **MAIDEN NAME**
    - Anna Mary Senseney

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

17. **INFORMANT**
    - (Address): Union Bridge

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Union Bridge
    - Date: Aug 28, 1935

19. **UNDERTAKER**
    - (Address): Union Bridge

20. **FILED**
    - Date: Aug 28, 1935

21. **DATE OF DEATH**
    - (Month), (Day), (Year): Aug 28, 1935

22. **MEDICAL CERTIFICATE OF DEATH**
    - I HEREBY CERTIFY that I attended deceased from Jan 1935, to Aug 28, 1935
    - The principal cause of death and related causes of importance were as follows:
      - Diabetes

23. **Other Contributory Causes of importance**
    - Arteriosclerosis

24. **MANNER OF DEATH**
    - Natural

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.

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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>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>SEP 5, 1935</td>
<td>1921</td>
</tr>
<tr>
<td>BUREAU V.S.</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Carroll
   Village or City: Myers Dista
   Registration Dist. No. 7
   No. St., Ward
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

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

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. COLOR OR RACE White</td>
<td>(Month) (Day) (Year)</td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married</td>
<td></td>
</tr>
<tr>
<td>5a. If married, widowed, or divorced HUSBAND OF Clara D. Dodder</td>
<td></td>
</tr>
<tr>
<td>(or) WIFE OF Study</td>
<td></td>
</tr>
<tr>
<td>6. DATE OF BIRTH (month, day, and year) April 23, 1870</td>
<td></td>
</tr>
<tr>
<td>7. AGE Years Months Days If LESS than 1 day, hrs., min.</td>
<td></td>
</tr>
<tr>
<td>8. TRADE, PROFESSION OR PARTICULAR kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc. Farmer</td>
<td></td>
</tr>
<tr>
<td>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</td>
<td></td>
</tr>
<tr>
<td>10. Date deceased last worked at this occupation (month and year)</td>
<td></td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation</td>
<td></td>
</tr>
<tr>
<td>12. BIRTHPLACE (city or town) Maryland</td>
<td></td>
</tr>
<tr>
<td>(State or country)</td>
<td></td>
</tr>
<tr>
<td>13. NAME Albert Study</td>
<td></td>
</tr>
<tr>
<td>14. BIRTHPLACE (city or town) Maryland</td>
<td></td>
</tr>
<tr>
<td>(State or country)</td>
<td></td>
</tr>
<tr>
<td>15. MAIDEN NAME Anna M. Plummer</td>
<td></td>
</tr>
<tr>
<td>16. BIRTHPLACE (city or town) Maryland</td>
<td></td>
</tr>
<tr>
<td>(State or country)</td>
<td></td>
</tr>
<tr>
<td>17. INFORMANT (Address) Mrs. Clara Study, Shetland, P.O. 1</td>
<td></td>
</tr>
<tr>
<td>18. BURIAL, CREMATION OR REMOVAL Place Silver Run Mt. Date Aug 23, 1935</td>
<td></td>
</tr>
<tr>
<td>19. UNDERTAKER (Address) J. W. Little &amp; Son, Shetland, P.O.</td>
<td></td>
</tr>
<tr>
<td>20. FILED Aug 24th, 1935, Caleb Atkinson</td>
<td></td>
</tr>
</tbody>
</table>

I HEREBY CERTIFY that I attended deceased from Aug 15, 1935, to Aug 20, 1935, I last saw him alive on Aug 15, 1935; death is said to have occurred on the date stated above, at 4:45 A.M.

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

Name of operation: Operation. Date of Operation: 10/24/1934

Other Contributory Causes of Importance:

Prostate hypertrophy. Date: 10/24/1934

Name of operation: Operation. Date of Operation: 10/24/1934

What test confirmed diagnosis: Clin. (W) 3 days

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:

Date of death: Aug 20, 1935

Signatures of Physician: Dr. Thomas M. Martin, 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:
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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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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

<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>Sep 5, 1935</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>May 5, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 1, 1923</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

Maryland Tuberculosis Sanatorium
Colored Branch
Registration Dist. No. 74

1. PLACE OF DEATH
County: Carroll
Village or City: Henryton, Md.

2. FULL NAME
Jonathone David Turner
(Residence: No. 118 S. Lee St., Cumberland, Allegany Co., Md.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male
COLOR OR RACE Colored
SINGLE Married, Widowed, or Divorced

6. DATE OF BIRTH (month, day, and year) March 24, 1913

7. AGE Years: 22 Months: 5 Days: 7

OCCUPATION PORTER
HOTEL WORK

12. BIRTHPLACE (city or town) Louisville, Kentucky

13. NAME Thomas Henry Turner

14. BIRTHPLACE (city or town) Louisville, Kentucky

15. MAIDEN NAME Bettie Bridgewater

16. BIRTHPLACE (city or town) Louisville, Kentucky

17. INFORMANT John E. O'Neill, M.D.
Henryton, Maryland

18. PLACE OF CREMATION OR REMOVAL

19. UNEIGNED

20. FILED: 8/31/35, 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>Cause</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Example II

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

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

2. FULL NAME: Unknown
   If U.S. Veteran specify WAR:
   Residence: No. (Usual place of abode): St., Ward.
   If nonresident give city or town and State:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
   Col.
   If married, widowed, or divorced:
   HUSBAND of (or) WIFE of: Unknown
   Date of Birth (month, day, and year): 1905
   Age (years and months) Days if less than 1 day, hrs. or min.

4. COLOR OR RACE: White

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

6. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE AS SPINNER, SAWSMITH, BOOKKEEPER, ETC.

7. OCCUPATION:

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

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

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

11. Cause of death:

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

13. NAME:

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

15. MAIDEN NAME:

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

17. INFORMANT (Address):

18. BURIAL, CREMATION, OR REMOVAL:

19. UNDERTAKER (Address):

20. FILED: Aug. 28, 1935

 MEDICAL CERTIFICATE OF DEATH


22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
   I last saw deceased... alive on Aug 19...; death is said to have occurred on the date stated above, at 2:34 P.M.

   Date of onset:

   Other Contributory Causes of importance:

23. If death was due to external causes (VIOLENCE) all also the following:
   Manner of injury:
   Nature of injury:
   Body removed:

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

   (Signed): Acting Coroner

   Address: Sykesville, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Arteriosclerosis 1915</td>
<td>Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis 1921</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage July 6, 1927</td>
<td>Peritonitis 8 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1929</td>
<td>Gastroenteritis 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Carroll
   Colored Branch (23)
   Registration Dist. No.: 74
   Village or City: Henryton, Md.
   No. St., Ward
   Length of residence in city or town where death occurred: 0 yrs 4 mos 29 ds
   How long in U.S. If of foreign birth: 
   War Service: None

2. FULL NAME
   Annie Maria Warren
   (a) Residence: Berlin, Worcester Co., Maryland
   (b) 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)
   Married

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

6. DATE OF BIRTH (month, day, and year)
   Sept., 16, 1886

7. AGE
   Years: 48
   Months: 11
   Days: 11

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)
    Unknown

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

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

13. NAME
    George Littleton Fountain

14. FATHER
    (Name of father)
    Berlin, Maryland

15. MAIDEN NAME
    Annie Purnell

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

17. INFORMANT
    (Address)
    John O'Neill, M.D.
    Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Snow Hill
    Date: Aug. 30, 1935

19. UNDERTAKER
    (Address)
    M. F. Creech
    1828 St. Paul St.
    Baltimore, Md.

20. FILED
    8/27/35
    Deputy Local
    Registrar
    Henryton, Md.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
    I test saw her alive on Aug. 27, 1935, death is said
    to have occurred on the date stated above, at 6:30 P.M.
    The principal cause of death and related causes of importance
    were as follows:
    Pulmonary Tuberculosis
    Date of onset: Sept. 1933

Other Contributory Causes of Importance:

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

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

   No
   If so, specify

   (Signed)
   M. D.

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

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

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

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

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

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

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

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

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<th>Other contributory causes of importance:</th>
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<tr>
<td>Gallstones</td>
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<table>
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<tr>
<th>Example II</th>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<td>Run over by street car</td>
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<tr>
<td>Gastroenteritis</td>
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</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Carroll
   Village or City: Henryton, Maryland.
   Registration Dist. No.: 74

2. FULL NAME
   Alice Savannah Countee Wilson
   (a) Residence: No. 2846 Druid Hill Ave., Baltimore, Maryland.
   (b) If nonresident give city and state of abode.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):
   Single
6. DATE OF BIRTH (month, day, and year): July 21, 1920
7. AGE: Years: 15, Months: 0, Days: 15
8. TRADE, PROFESSION, OR OTHER OCCUPATION:
   Scholar
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE:
   Unknown
10. DATA DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR):
    Unknown
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION:
    Unknown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: August 5, 1935
   (Month) 5, (Day) 1935
   (Year)
22. I HEREBY CERTIFY, That I attended deceased from July 22, 1935, to Aug. 5, 1935,
   That I attended deceased from
   (Month) 7, (Day) 22, 1935, to (Month) 8, (Day) 5, 1935,
   That I last saw deceased alive on Aug. 5, 1935,
   At 6:45 A.M.
   Death is said to have occurred on the date stated above.
   The principal cause of death and related causes of importance
   were as follows:
   PULMONARY TUBERCULOSIS
   Date of onset: April 1935
   Date of death: August 5, 1935
   Other Contributory Causes of Importance:

12. BIRTHPLACE (city or town): Atlantic City, New Jersey.
13. NAME: Nathaniel Wilson
14. BIRTHPLACE (city or town): Baltimore, Maryland.
15. MAIDEN NAME: Elizabeth Smith
16. BIRTHPLACE (city or town): Baltimore, Maryland.
17. INFORMANT: John E. O'Neill, M.D.
   Address: 1700 Druid Hill Ave., Baltimore, Maryland.
   Deputy Local Registrar

18. BURIAL, CREMATION, OR REMOVAL:
   Date of Burial: July 12, 1935
19. UNDERTAKER:
   Address: M. D.

20. FILED: 8/5/35, 1935

If more blanks are needed, address State Registrar, 2415 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 | SEP 4, 1929 |
| 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: Caroline
   Village or City: Easton
   Length of residence in city or town where death occurred: 14 yrs. 3 mos. 2 ds.

2. FULL NAME
   (a) Residence: No. 1211 West Lombard St., Ward.
   If nonresident give city or town and State.

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)
   Sept. 1, 1877

7. AGE
   Years: 57
   Months: 11
   Days: 29

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

9. OCCUPATION IN WHICH WORK WAS DONE
   Silk Mill

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
    May 1930

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

12. BIRTHPLACE (CITY OR TOWN)
    Baltimore, Maryland

13. NAME
    Laura Young

14. FATHER
    Charles D. Young

15. MAIDEN NAME
    Sarah C. Wilson

16. MOTHER
    Lucretia W. Wilson

17. INFORMANT (ADDRESS)
    Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
    Maryland Crem. Sept. 16, 1930

19. UNDERTAKER (ADDRESS)
    Lydia E. Cole

20. FILED (ADDRESS)
    Aug. 30, 1935
    Registrar

21. DATE OF DEATH
    August 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from
    July 25, 1931, to Aug. 29, 1935.
    Last saw her alive on Aug. 28, 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:
    Carcinoma of the
    Date of onset: 1930

23. If death was due to external causes (violence), fill in also the following:
    Date of Injury: 1935
    Where did injury occur?
    Specify whether injury occurred in industry, in home, or in public place.

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

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Other contributory causes of importance:

Gallstones | May 1, 1928 |

**Example II**

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