**STATE OF MARYLAND—CERTIFICATE OF DEATH**

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

**2. FULL NAME:** Wm. Blackiston
- Residence: No.

**PERSONAL AND STATISTICAL PARTICULARS**

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

- If married, widowed, or divorced: HUSBAND of
- If married, widowed, or divorced: WIFE of
- If married, widowed, or divorced: Name

**DATE OF BIRTH**
- Month: Aug
- Day: 19
- Year: 1856

**AGE**
- Years: 49
- Months: 0
- Days: 2

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH**
- Month: Aug
- Day: 19
- Year: 1914

**22. I HEREBY CERTIFY**
- That I attended deceased from Aug 19, 1914 to Aug 19, 1914,
- I last saw him alive on Aug 19, 1914;
- Death is said to have occurred on the date stated above.

**The PRINCIPAL CAUSE OF DEATH**
- Meningitis Hemorrhage

**DATE OF ONSET**
- Aug 19, 1914

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

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

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

**FILED**
- Date: Aug 22, 1914
- Registrar:
- Address:

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: SEP 8, 1925</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: JUL 12, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>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: Kent
   Village or City: near Still Pond
   Registration Dist. No. 701
   No. St., Ward
   Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   John Covington Boulden

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE

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

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

6. DATE OF BIRTH (month, day, and year)
   July 11, 1896

7. AGE
   Years: 59
   Months: 0
   Days: 28
   If Less than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year)
    Sept. 1938

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

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

13. NAME
   Griffin Boulden

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

15. MAIDEN NAME
   Rebecca Scotten

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

17. INFORMANT
   Jennie Boulden
   Address

18. BURIAL, CREMATION, OR REMOVAL
   Still Pond
   Date: Aug. 11, 1938

19. UNDERTAKER
   H. J. Wood
   Address

20. FILED
   Aug. 16, 1938

21. DATE OF DEATH
   (Month) 7
   (Day) 8
   (Year) 1938

22. I HEREBY CERTIFY That I attended deceased from July 11, 1938, to Aug. 11, 1938, death is said to have occurred on Aug. 11, 1938.

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

   Date of onset

   Other Contributory Causes of Importance:

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

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

   Accident, suicide, or homicide?
   Date of Injury
   Where did injury occur?
   Specify 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

(M.D.)

Registrar

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

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1916</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

Example II

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

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

1. PLACE OF DEATH
   County: Kent
   Village or City: Pinny Neck
   Registration Dist. No.: 203
   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: John Thomas Boyer
   (a) Residence: No. Pinny Neck
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

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

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

   6. DATE OF BIRTH (month, day, and year): Nov. 1875
   7. AGE Years: 59
      Months
      Days
      If LESS than 1 day, hrs., or min.

   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Farming
   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Silk Mill, Saw Mill, Bank, etc.
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
        (MONTH AND YEAR): 1935
   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 1935

   12. BIRTHPLACE (CITY OR TOWN): Kent
       (STATE OR COUNTRY)
       (State or country)

   13. NAME: George Boyer
   14. BIRTHPLACE (CITY OR TOWN): Virginia
       (STATE OR COUNTRY)
   15. MAIDEN NAME: Hannah Fitzhugh
   16. BIRTHPLACE (CITY OR TOWN): Kent
       (STATE OR COUNTRY)

   17. INFORMANT: Susie Bertha Proctor
       (ADDRESS)

   18. BURIAL, CREMATION, OR REMOVAL
       PLACE: Edgewood, Date: Aug. 6, 1935

   19. UNDERTAKER: Wm. H. Ward
       (ADDRESS)

   20. FILED: Aug. 6, 1935
       (Signed): Albert Q. Proctor
       M.D.
       (Address)
       Rockefeller

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: August 4, 1935

   22. I HEREBY CERTIFY, That I attended deceased from

       I last saw him alive on Aug. 1935, at 10 a.m.

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

       ARTERIAL HYPERTENSION

       Other Contributory Causes of Importance:

       Name of operation.
       Date of.
       What test confirmed diagnosis?
       Date of autopsy?

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

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

       Manner of injury
       Nature of injury

   24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?

       If so, specify

       (Signed) Albert Q. Proctor
       M.D.
       (Address)
       Rockefeller

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

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>
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<td>Attack of epilepsy</td>
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<td>1 week ago</td>
</tr>
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<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH

County: ____________
Village or City: Beltsville
Registration Dist. No.: 101
No. St. Ward
Length of residence in city or town where death occurred: 65 yrs. mos. ds.

2. FULL NAME

(Urban place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a. If married, widowed, or divorced HUSBAND OF (or) WIFE OF ____________

6. DATE OF BIRTH (month, day, and year) 1856 July 31
7. AGE Years Months Days
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: TANNER
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: S.L. MILL, SAW MILL, BANK, etc.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 1893
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 40

OCCUPATION: TANNER

MEDICAL CERTIFICATE OF DEATH


Date of onset ____________

Other Contributory Causes of Importance:

Name of operation: ____________

What test confirmed diagnosis? ____________

Where did injury occur? ____________

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

Nature of injury: ____________

Manner of injury: ____________

Nature of injury: ____________

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

If so, specify: ____________

(Signed) ____________

(Address) ____________

Registrar ____________

20. FILED: Aug. 28, 1935. ____________

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

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<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>Sep 4, 1925</td>
</tr>
<tr>
<td></td>
<td>Jul 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

**Example II**

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
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</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: Kent
   Village or City: Sanagor
   Length of residence in city or town where death occurred: 85 yrs.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   Name: Frederick Christy

3. SEX
   Male

4. COLOR OR RACE
   Color: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH (month, day, and year)
   Feb. 7, 1880

7. AGE
   Years: 85
   Months: 5
   Days: 2

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

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

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

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

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

13. NAME
   Name: Frederick Christy

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

15. MAIDEN NAME
    Name: Hester Christy

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

17. INFORMANT
    Name: Elizabeth Riggs
    Address: Sanagor

18. BURIAL, CREMATION, OR REMOVAL
    Place: Sanagor
    Date: Aug. 5, 1925

19. UNDERTAKER
    Name: John A. Trice
    Address: Wellington, Md.

20. FILED
    Date: Aug. 7, 1925

21. DATE OF DEATH
    Month: Aug.
    Day: 3
    Year: 1925

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2 to Aug. 3, 1925, and to have occurred on the date stated above, at 9 A.M.

   The principal cause of death and related causes of importance were as follows:
   Date of onset: July 31, 1925

   Other contributory cause of importance:
   Other contributory cause of importance: Chol. Intestinal infect.
   Date: 1925

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

23. If death was due to external causes (violation) 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):

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

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

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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>RECEIVED 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>SEP 5, 1925</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 5, 1927</td>
</tr>
</tbody>
</table>

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

**Example II**

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

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

Additional space for further statements by physician.
1. PLACE OF DEATH
County: Kent
Village or City: Cassafaw

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

3. SEX
M

4. COLOR OR RACE
C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Widowed

6. DATE OF BIRTH (month, day, year)
April 3, 1849

7. AGE
86 yrs 4 mos 25 ds

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
(Maryland, Kent)

13. NAME
James Christie

14. BIRTHPLACE (CITY OR TOWN)
(Maryland)

15. MAIDEN NAME
Billie Jane Musson

16. BIRTHPLACE (CITY OR TOWN)
(Maryland)

17. INFORMANT
Eliza Austen

18. BURIAL, CREMATION, OR REMOVAL
Place: Cassafaw
Date: August 31, 1935

19. UNDERTAKER
John A. Johnson

20. FILED
August 31, 1935

21. DATE OF DEATH
August 28, 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

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

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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>RECEIVED SEP 5 1925</td>
<td>1 week ago</td>
</tr>
<tr>
<td>BUREAU V.S. July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1923</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Kent
   Village or City near: Port Deposit
   Registration Dist. No.: 20

2. FULL NAME
   Harold J. Green
   Residence: North East, Cecil Co., Md.

   (Usual place of abode)

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)
   August 30, 1915

7. AGE
   Years: 34
   Months: 0
   Days: 27

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

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

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

11. Total time (years) spent in this occupation
    13

12. BIRTHPLACE (city or town)
    Bettendorf

13. NAME
    William J. Green

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

15. MAIDEN NAME
    Mary Belle Ausbacher

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

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Severn
    Date: Sept., 1935

19. UNDERTAKER
    (Address)

20. FILED
    Day: 31
    Month: 1
    Year: 19

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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<table>
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<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death</td>
<td>The principal cause of</td>
</tr>
<tr>
<td>and related causes of</td>
<td>death and related causes</td>
</tr>
<tr>
<td>importance were as follows:</td>
<td>of importance were as</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>follows:</td>
</tr>
<tr>
<td>1915</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 6, 1927</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Gallstones</td>
<td>3 days ago</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>Other contributory causes</td>
</tr>
<tr>
<td>Other contributory causes of</td>
<td>of importance:</td>
</tr>
<tr>
<td>importance</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>1 year</td>
<td></td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Kent
   - Village or City: Chestertown
   - Registration Dist. No.: 202
   - No. of Kent Reg'd 21: You 140
   - St., Ward:
   - Length of residence in city or town where death occurred: yrs. mos. ds.
   - How long in U.S. if of foreign birth?: yrs. mos. ds.

2. **FULL NAME**: Wilmer Dill
   - Residence: No. St., Ward.

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. COLOR OR RACE: W</td>
<td></td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married</td>
<td></td>
</tr>
</tbody>
</table>

- Sa. If married, widowed, or divorced
- Husband or Wife of: Nellie Linda Dill
- 6. DATE OF BIRTH: Oct 28, 1877
- 7. AGE: 57 yrs. 10 mos. 1 days

- 8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.: Farmer
- 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farm

- 10. Date deceased last worked at this occupation (month and year): Aug 1935
- 11. Total time (years) spent in this occupation: 1 yr.

12. **BIRTHPLACE**: Chester town, Maryland
13. **NAME**: Hyson Dill
14. **BIRTHPLACE**: Chester town, Md.
15. **MAIDEN NAME**: Edness Dill (Wood)
16. **BIRTHPLACE**: Chester town, Md.

17. **INFORMANT**: (Address): Chester town, Md.
18. **BURIAL, CREMATION, OR REMOVAL**: Place: Chester town, Md.
19. **UNDERTAKER**: (Address): Chester town, Md.
20. **FILED**: Aug 30, 1935

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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>
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<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>appen</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Sep 3 1909</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Kent
   Village or City: Earleville
   Registration Dist. No. 204 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. 15 yrs. 6 mos. 1 ds.

2. FULL NAME
   a. Residence: No. 6
   b. (Usual place of abode) Washington D.C.
   (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: Nov 24, 1933

7. AGE: 19
   Years Months Days

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

9. OCCUPATION:  

10. Date deceased last worked at this occupation: 
    Occupation:  

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

12. BIRTHPLACE: Washington, D.C.
   (City or town)

13. NAME: HARRY HERMEL HOLDSON
   (State or country)

14. BIRTHPLACE: Kent, Co.
   (City or town)

15. MAIDEN NAME: HENRIETTA HERNAN
   (State or country)

16. BIRTHPLACE: Kent, Co.
   (City or town)

17. INFORMANT: HERMEL HOLDSON
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: St. John's
   Date: Aug. 25, 1933

19. UNDERTAKER: W.B. HOLLAND
   (Address)

20. FILED: Aug 24, 1933
    Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Aug 24, 1933
   (Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from Aug 15, 1933, to Aug 24, 1933, the last saw her alive on Aug 24, 1933. Death is said to have occurred on the date above at 7:30 AM.

   The principal cause of death and related causes of importance were as follows:
   Congestive Heart Disease of Stomach and Bladder

   Other Contributory Causes of importance:
   Tuberculosis

   Date of onset: 1934

   Name of operator:  
   Medical certificate:  

   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: 1933
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

   Manner of injury:  
   Nature of injury:  

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

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</tr>
<tr>
<td>SEP 3, 1935</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
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</tbody>
</table>

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Kent
   Village or City: Chestertown
   No. St., Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   Mary Anna Moody
   (Usual place of abode)


   If nonresident give city or town and State.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): WIDOWED
6. DATE OF BIRTH (month, day, and year): Aug. 16, 1861
7. AGE Years: 73
   Months: 11
   Days: 24
   If LESS than 1 day, ___ hrs. or ___ min.

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

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

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

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

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

13. NAME: Ann. C. Lebel
14. BIRTHPLACE (city or town): Kent Co.
   (State or country): Md.

15. MAIDEN NAME: Margaret Custlely
16. BIRTHPLACE (city or town): Baltimore
   (State or country): Md.

17. INFORMANT (Address): 

18. BURIAL, CREMATION, OR REMOVAL
   Place: Chestertown
   Date: Oct. 8, 1935

19. UNDERTAKER (Address): Ralph B. Smith

20. FILED: Aug. 10, 1935

21. DATE OF DEATH
   (Month): Aug.
   (Day): 10
   (Year): 1935

22. I HEREBY CERTIFY, That I attended deceased from ________ to ________; death is said to have occurred on the date stated above, at ________ A.M.

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

(Write the cause):

Date of onset:

Other Contributory Causes of importance:

Name of operation:

What test confirmed diagnosis? 

Date of:

Was there an autopsy? 

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

Type 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:

(Sign)

Address:

Reg. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 7.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>DATE 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>DATE 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>DATE July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>DATE 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: Kent
   - Village or City: Rock Hall
   - Registration Dist. No.: 200
   - No. St., Ward
   - Length of residence in city or town where death occurred: yrs., mos., ds.

2. **FULL NAME**: Thomas Henry Disco

(a) Residence: No. E desree

(b) St., Ward.

---

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

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

7. **AGE**
   - Years: 73
   - Months: 
   - Days: 
   - If LESS than 1 day: hrs. or mins.

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

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

10. **DATE DECEASED LAST WORKED AT**
    - Occupation: Farming
    - (month end year): 1935

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

12. **BIRTHPLACE** (city or town): Rock Hall Kent
    - (State or country): Kent Co.

13. **NAME**: William Disco

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

15. **MAIDEN NAME**: Kate James

16. **MOTHER NAME**: Kate James

17. **FATHER NAME**: John Disco

18. **INFORMANT**
    - Address: Laura Disco

19. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Sleepytown Cemetery
    - Date: 1935

20. **UNDERTAKER**
    - Address: F. L. Willard

21. **DATE OF DEATH**
    - (Month): Aug.
    - (Day): 10
    - (Year): 1935

22. **I HEREBY CERTIFY**
    - That I attended the deceased from July 1935 to Aug. 10, 1935.
    - I last saw him alive on Aug. 9, 1935.
    - I have examined the body of the deceased, and certify that he died of a Natural Cause.

23. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - Pneumonia
    - Chronic Bright Disease

24. **MEDICAL CERTIFICATE OF DEATH**

25. **DATE OF ONSET**

26. **DATE OF OPERATION**

27. **WHEN TEST CONFERMED DIAGNOSIS**

28. **DATE OF AUTOGRAPHY**

29. **IF DEATH DUE TO EXTERNAL CAUSES (VIOLENCE)**
    - 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:
    - Date of injury:

30. **24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF D ECEASED?**
    - If so, specify:
    - (Signed): F. L. Willard
    - (Address): Rock Hall Kent
    - M. D.

---

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

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

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

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

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

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

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

Example I

<p>| The principal cause of death and related causes of importance were as follows: |</p>
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<tr>
<th>Date of onset</th>
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<tbody>
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<td>SEP 3 1935</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Juy 5, 1927</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1923 |

Example II

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County:             Registration Dist. No.: 20
   Village or City: Fairlee                     St., Ward:
   Length of residence in city or town where death occurred: 70 yrs. mos. ds. How long in U.S. if foreign birth? yrs. mos. ds.

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 (write the word)
      Male  White

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

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

   7. AGE Years Months Oys If LESS than 1 day, hrs., or minutes.
      70+

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

   10. Date deceased last worked at this occupation (month and year)
      1892

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

   12. BIRTHPLACE (city or town) (State or country)
      Fairlee                 Aug. 0, 1861

   13. NAME
      Chad Spencer

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

   15. MAIDEN NAME
      Melozie Ann

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

   17. INFORMANT (Address)
      Jessie Tedward

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Fairlee
      Date: Aug. 10, 1925

   19. UNOERTAKER (Address)
      Ashley Casey

   20. FILE No. 1925 5. William

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH
      (Month) Aug. (Day) 8 (Year) 1925

   22. I HEREBY CERTIFY That I attended deceased from
      Sept. 10, 1922, to Aug. 8, 1925.
      I last saw him alive on Aug. 7, 1925; death is said to have occurred on the date stated above, at 2.30 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?:
      Date of:
      Was there an autopsy?:

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

      Manner of injury:
      Nature of injury:

   24. Was disease or injury in any way related to occupation of deceased?
      If so, specify
      (Signature) Chad William
      (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 housekeeper, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

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<tr>
<td>Arteriosclerosis</td>
<td>Date of onset: 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset: 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset: July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: May 1, 1928</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Hunt
   Village or City: Millville
   Registration Dist. No.: 204
   (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 U.S. Veteran specify WAR
   Personal and statistical particulars

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

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

6. DATE OF BIRTH (month, day, and year)
   July 3, 1863

7. AGE
   Years: 22
   Months: 1
   Days: 3
   If LESS than 1 day, ______ hrs.
   or ______ min.

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

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

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

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

12. BIRTHPLACE (city or town)
    Hunt County
    Maryland

13. NAME
    Robert Touson

14. BIRTHPLACE (city or town)
    Unknown

15. MAIDEN NAME
    Robbi Wilson Touson

16. BIRTHPLACE (city or town)
    Unknown

17. INFORMANT
    (Address)
    Eliza Black, Millville, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Worton Point Cemetery
    Date: Aug. 8, 1935

19. UNDERTAKER
    (Address)
    Marshall Williams, Jr.

20. FILED
    Aug. 8, 1935

REGISTRAR

21. DATE OF DEATH
    Aug. 5, 1935

22. I HEREBY CERTIFY
    I last saw him alive on Aug. 4, 1935; death is said to have occurred on the date stated above, at

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

    Date of death:

    Other contributory causes of importance:

    Date of:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?
    Date of injury: Aug. 8, 1935
    Where did injury occur?
    (Specify city or town, county, and State)
    Specifying whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

    Manner of Injury
    Nature of Injury

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

   (Address)
   L. H. T. Smithson, MD.

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

---

**Example II**

<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>

---

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

1. PLACE OF DEATH
   County: Kent
   Village or City: Betterton

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   White

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

5a. If married, widowed, or divorced

   HUSBAND OF
   (or) WIFE OF
   George Cookman Vandyke

6. DATE OF BIRTH (month, day, and year)
   Aug 16, 1872

7. AGE
   Years: 62
   Months: 11
   Days: 2

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

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

10. Date deceased last worked at this occupation (month and year)
    Aug 11, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Cecil County

13. NAME
   Thomas Vandyke

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

15. MAIDEN NAME
   Mary Vandergrift

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

17. INFORMANT
   Anna Turner
   (Address)
   Betterton

18. BURIAL, CREMATION, OR REMOVAL
   Certification Date: Aug 14, 1935

19. UNDERTAKER
   B. J. Fellows
   (Address)
   Still Fellows

20. FILED
   Aug 13, 1935

21. DATE OF DEATH
   Aug 16, 1935

22. I HEREBY CERTIFY that I attended deceased from
   Jan 19, 1935
   to Aug 16, 1935
   I last saw him alive on
   Aug 11, 1935
   death is said to have occurred on the date stated above, at
   10:15 A.M.
   The principal cause of death and related causes of importance were as follows:

   Cause of death

   Other contributory causes of importance

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide?
   Date of injury: 19
   Where did injury occur?
   Specify whether injury occurred in industry, in home, or in public place.

   Manner of injury
   Nature of injury

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

   (Signed)
   M. D.
   (Address)

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<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>Sep 4, 1925</td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Kent
   Village or City: Rock Hall
   No. St., Ward
   Length of residence in city or town where death occurred: 77 yrs. mos. ds.
   How long in U.S. If of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. S. M. W. or D. (under the word)
   Widowed

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

6. DATE OF BIRTH (month, day, and year)
   Sept. 6, 1858

7. AGE
   Years: 77
   Months: 11
   Days: 21
   If LESS than 1 day, _______ hrs. _______ min.

8. Trade, profession, or particular
   Kind of work done, as SPINNER, SAW MILL, etc.
   Trade: Chief Clerk

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

10. Date deceased last worked at
    this occupation (month and year)
    Nov. 1931

11. Total time (years) spent in this
    Occupation
    19 yrs.

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

13. NAME
    George W. Whelchel

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

15. MAIDEN NAME
    Harriet Cooper

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

17. INFORMANT
    John Whelchel
    (Address)
    Aug 29, 1932

18. BURIAL, CREMATION, OR REMOVAL
    Method: Cremation
    Date: Aug 29, 1932

19. UNDERTAKER
    Charles Dearing
    (Address)

20. FILED
    Aug 27, 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   August 29, 1932

22. HEREBY CERTIFY
   That I attended deceased from
   sudden death, 19...
   I last saw him alive on
   19...
   [Signature]

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

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

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>Other contributory causes of importance:</th>
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</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Gallstones May 1, 1923</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
<td></td>
</tr>
</tbody>
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<td>1 week ago</td>
</tr>
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<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gastroenteritis 1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Kent
Village or City: Chestertown

2. FULL NAME

Eliza Smith Whaley

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Jan. 10, 1874
7. AGE Years: 61 yrs
   Months: 7
   Days: 19

8. TRADE, PROFESSION, OR PARTICULAR OCCUPATION: Teacher
9. Industry or business in which work was done: as SPINNER, FORMERLY BOOKKEEPER, etc.

10. Date deceased last worked at this occupation (month and year): Aug. 19
11. Total time (years) spent in this occupation: 1 yr

12. BIRTHPLACE (city or town) (State or country): Greencastle, Delaware
13. NAME: John Johnson Bennett
14. BIRTHPLACE (city or town) (State or country): Delaware
15. MAIDEN NAME: Hester Cavender
16. BIRTHPLACE (city or town) (State or country): Delaware
17. INFORMANT: Anna Smith Batey
18. BURIAL, CREMATION, OR REMOVAL Place: Chestertown
   Date: Aug. 31, 1935
19. UNDERTAKER: W. T. Luckett
20. FILED: Aug. 31, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) - 08 - 19
   (Day) - 1935

22. I HEREBY CERTIFY, That I attended deceased from
    N.A. Medical attention
    to have occurred on the date stated above, at 2 a.m.
    and death is said to have occurred on the date stated above, at 2 a.m.
    The principal cause of death and related causes of importance
    were as follows:
    
    Other Contributory Causes of Importance:

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?: No
    Date of Injury: 1935
    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:

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 3.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN