STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: St. Johns
Village or City: Hancock
Registration Dist. No.: 268

2. FULL NAME
Leah Beckett

3. SEX
F

4. COLOR OR RACE
B

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Widow

6. DATE OF BIRTH
Month: 1
Day: 8
Year: 1855

7. AGE
Year: 80
Month: 1
Day: 6

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

9. OCCUPATION
Homecraft

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
Not Applicable

11. TOTAL TIME (YEARS, MONTHS, DAYS) SPENT IN THIS OCCUPATION
Not Applicable

12. BIRTHPLACE (CITY OR TOWN)
State or Country: Maryland

13. NAME
Leah Beckett

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

15. MAIDEN NAME
Lucy Stafford

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

17. INFORMANT
Charles Wright

18. BURIAL, CREMATION, OR REMOVAL
Place: Annapolis
Date: Aug 9, 1936

19. UNDERTAKER
Frederick Webster

20. FILLED
Aug 9, 1936

REGISTRATION DIST. NO.
268
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
Month: 8
Day: 6
Year: 1936

22. I HEREBY CERTIFY, That I attended deceased from
Aug 5, 1936, to Aug 9, 1936.

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?

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, 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.

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

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

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

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

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

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

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

1. PLACE OF DEATH

County

Village of City

No

Registration Dist. No.

Ward

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


2. FULL NAME

(a) Residence:

(Usual place of abode)

(b) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Femal

4. COLOR OR RACE

White

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

Widow

5e. If married, widowed, or divorced

HUSBAND of Wirson Brittingham

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

Jan 22 1910

7. AGE

Years Months Days

25 6 17

If LESS then 1 day, ________ hrs., or ________ min.

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

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

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

11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 8 1935

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1 1935, to Aug 8 1935.

I last saw him alive on Aug 8 1935.

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

Other Contributory Cause of importance:

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Omer A. Powell

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Eunice Ross

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Teston Brittingham

18. BURIAL, CREMATION, OR REMOVAL

Place Date

19. UNDERTAKER

Date of death

20. FILED

File No.

1935

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

Date of onset: 1915 | Date of onset: 1 week ago |

SEP 7 1935 | 1 week ago |

July 5, 1927 | 3 days ago |

May 1, 1923 | 1 year |

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

1. PLACE OF DEATH
   County: Annapolis
   Village or City: Annapolis
   Registration Dist. No. 10
   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: 72 yrs. 3 mos. ds.
   How long in U.S. if of foreign birth?: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Cel.

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

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

6. DATE OF BIRTH (month, day, and year)
   May 13, 1863

7. AGE
   Years: 72
   Months: 3
   Days
   If LESS than 1 day, hrs.
   or min.

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

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

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

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

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

13. NAME
   Noah Davis

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

15. MAIDEN NAME
   Hattie Davis

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

17. INFORMANT
   (Address)
   Mathew, Marion

18. BURIAL, CREMATION, OR REMOVAL
   Place: Summerton/Date: 6/18, 1905

19. UNDERTAKER
   (Address)

20. FILED
   6/17, 1905
   Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Aug. 13, 1905 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    I last saw her alive on Aug. 6, 1905; 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:

   Other Contributory Causes of Importance:

   Other Contributory Causes of Importance:

   Other Contributory Causes of Importance:

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   Other Contributory Causes of Importance:
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

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

Other contributory causes of importance:

Example II

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

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

**1. PLACE OF DEATH**
- County: [Redacted]
- Village or City: [Redacted]
- Length of residence in city or town where death occurred: [Redacted]

**2. FULL NAME**
- [Redacted]

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
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<tbody>
<tr>
<td>M</td>
<td></td>
<td></td>
</tr>
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<tr>
<th>5a. If married, widowed, or divorced</th>
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</thead>
<tbody>
<tr>
<td>HUSBAND or (or) WIFE of</td>
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**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH**
- (Month) 8
- (Day) 24
- (Year) 1935

**22. I HEREBY CERTIFY.**
- That I attended deceased from
  - (Month) 19
  - (Day) 19
- to
  - (Month) 19
  - (Day) 19
- I last saw
- died on
- death is said to have occurred on the date stated above, at
  - (Hour) [Redacted]

**The PRINCIPAL CAUSE OF DEATH**
- Stillborn infant
- Death at birth

**Other Contributory Causes of Importance:**

**Name of operation:**
- [Redacted]
- Date of [Redacted]

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

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

**MANNER OF INJURY**

| Manner of injury
|------------------|
| Nature of injury

**Address:**
- [Redacted]

**Registrar:**
- [Redacted]

**If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.**
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>SEPT 1923</td>
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Other contributory causes of importance:

| Gallstones                                  | May 1, 1923 |

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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      |
**STATE OF MARYLAND**

**CERTIFICATE OF DEATH**

**Registration Dist. No. 2 (Cal)**

**Place of Death**
 County: Somerset

**Village or City**

**2 FULL NAME**
 Benjamin Handy Evans

**PERSONAL AND STATISTICAL PARTICULARS**

3 **SEX**
 Male

4 **COLOR OR RACE**
 White

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

6 **DATE OF BIRTH**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 7</td>
<td></td>
<td>1875</td>
</tr>
</tbody>
</table>

8 **OCCUPATION**

(a) Trade, profession or particular kind of work: Waterman

(b) General nature of industry, business, or establishment in which employed or (employer):

9 **BIRTHPLACE**

(State or country)

82-e

**SEX**

**COLOR OR RACE**

**SINGLE, MARRIED, WIDOWED, OR DIVORCED**

**DATE OF BIRTH**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 7</td>
<td></td>
<td>1875</td>
</tr>
</tbody>
</table>

**MEDICAL CERTIFICATE OF DEATH**

16 **DATE OF DEATH**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 24th</td>
<td>1935</td>
<td></td>
</tr>
</tbody>
</table>

17 **I HEREBY CERTIFY**

That I attended the deceased from April 1921 to Aug 10, 1921, that I last saw him alive on Aug 10th, 1921, and that death occurred on the date stated above.

The CAUSE OF DEATH was as follows:

Cerebral Mollis

**CONTRIBUTORY SITUATION**

Contributory SITUATION was not incurred.

**LENGTH OF RESIDENCE**

18 Length of Residence (For Hospitals, Institutions, Transients or Recent Residents)

<table>
<thead>
<tr>
<th>Place of death</th>
<th>Years</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the State</td>
<td>yrs</td>
<td>mos</td>
<td>ds</td>
</tr>
</tbody>
</table>

**PLACE OF BURIAL OR REMOVAL**

19 Aug 24, 1935-Carrick Kitching-Registrar

20 Undertaker

Address

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Statement of Cause of Death

Name: [Redacted]

Age: [Redacted]

Sex: [Redacted]

Race: [Redacted]

Residence: [Redacted]

Occupation: [Redacted]

Certificate of Death

Revised United States Standard

(Adopted by V.S. Census and American Public Health Association)

(Recommended Pronunciation: Pronounced "Pronounm," "Pronounm.,"
Approved by V.S. Census and American Public
Health Association; Pronounced "Pronounm.,"
"Pronounm.")
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: [Handwritten]
   - Village or City: [Handwritten]
   - Registration Dist. No.: 260

2. **FULL NAME**
   - Charles E. Hagenon

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Aug 22, 1927

7. **AGE**
   - 58

8. **OCCUPATION**
   - [Handwritten]

9. **DATE DECEASED LAST WORKED**
   - [Handwritten]

10. **PLACE OF DEATH**
    - [Handwritten]

11. **CAUSE OF DEATH**
    - [Handwritten]

12. **DATE OF DEATH**
    - Aug 10, 1935

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Aug 10, 1935

22. **HEREBY CERTIFY**
    - [Handwritten]

23. **DATE OF ONSET**
    - [Handwritten]

24. **OTHER FACTORS CAUSING OF DEATH**
    - [Handwritten]

25. **DATE OF INJURY**
    - [Handwritten]

26. **WHERE DID INJURY OCCUR?**
    - [Handwritten]

27. **MANNER OF INJURY**
    - [Handwritten]

28. **NATURE OF INJURY**
    - [Handwritten]

29. **FILED**
    - Aug 10, 1935

If more blanks are needed, address State Registrar, 2417 N. Charles Street, Baltimore, Requesting V. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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

Other contributory causes of importance:

| Gallstones                                    | Gastroenteritis                               |

Date of onset:

| 1915                                          | 1 week ago                                   |
| SEp 5 1935                                    | 1 week ago                                   |
| July 5, 1927                                  | 3 days ago                                   |

| May 1, 1923                                    | 1 year                                       |

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

1. PLACE OF DEATH
   County: Snow Co.  Registration Dist. No. 270
   Village or City: Evanston
   Length of residence in city or town where death occurred: 6 yrs. 0 mos. 0 ds.

2. FULL NAME
   (a) Residence: No. 27 St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   and

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

6. DATE OF BIRTH (month, day, and year)
   Aug 24, 1935

7. AGE
   Years 0
   Months 6
   Days 0
   If LESS than 1 day, 0 hrs., or 0 min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Hof. Mercey, Ill.
    (State or country)

13. NAME
    Milton Eisenmenger

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

15. MAIDEN NAME
    Alice Dorsey

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

17. INFORMANT
    (Address)

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

19. UNDERTAKER
    (Address)

20. FILED
    978, 1935

21. DATE OF DEATH
    Aug 24, 1935

22. I HEREBY CERTIFY. That I attended deceased from 19, to 19.
    I last saw h. alive on 19, 19; death is said to have occurred on the date stated above, at 19.
    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?

23. If death was due to external cause (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.
    (Address)
    (Signed)
    M. D.

If more blanks are needed, address State Registrar, 2447 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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### Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Sep 7, 1935</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

- Gallstones
  - Date: May 1, 1923

### Example II

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

**Other contributory causes of importance:**

- Gastroenteritis
  - Date: 1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   City
   St.
   Ward

2. FULL NAME
   First Name
   Middle Name
   Last Name
   (Residence No. 261)
  _registration Dist. No. 09028
   County
   Village or City
   Length of residence in city or town where death occurred
   yrs.
   mths.
   ds.
   How long in U.S. if of foreign birth?
   yrs.
   mths.
   ds.

3. SEX
   M
   F

4. COLOR OR RACE
   W
   B
   C
   N
   O

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

5b. If single, MARRIED, or SPOUSAL RELATIONSHIP.

6. DATE OF BIRTH (Month, day, and year)
   Jan. 30, 1935

7. AGE
   Years
   Months
   Days

8. OCCUPATION
   TRADE, PROFESSION, OR ART
   SPINNER, MILL WINDER, etc.

9. Industry, or business in which
   worked
   SILK MILL

10. Occupation at time of death
    (Month and year)
    p.m.

11. Occupation at time of death
    (Month and year)
    p.m.

12. BIRTHPLACE (city or town)
    MARYLAND

13. NAME
    J. STONE

14. BIRTHPLACE (State or country)
    MARYLAND

15. MAIDEN NAME
    "M. SHAFFER"

16. NAME OF MOTHER
    "M. SHAFFER"

17. INFORMANT
    (Address)

18. UNDER AGE
    Under

19. Under

20. FILED
    Address

21. Has the deceased been in a hospital for the
    INFLUENZA

22. If yes, give city or town and State
    (Hospital)

23. Other Cause of Death
    (SPECIFY)

24. Date of Death
    12-17-1935

25. Place of Death
    MARYLAND

26. I HEREBY CERTIFY

   That I attended deceased
   from
   to
   at
   and declared the time
   at
   the hour

   1935

   Date of certificate

   12-17-1935

   M. SHAFFER

   (Signature)

   (Address)

   M. SHAFFER

   (Address)

   (Signature)

   (Address)

   (Signature)

   (Address)

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<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones

Other contributory causes of importance:

Gastroenteritis

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

1. PLACE OF DEATH
County: Somerset
Village or City: Osceola

2. FULL NAME
(a) Residence: No. Osceola, Md.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
Male
4. COLOR OR RACE
A.A.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Widower

21. DATE OF DEATH
Aug 59 1935

MEDICAL CERTIFICATE OF DEATH
22. I HEREBY CERTIFY, That I attended deceased from July 25 1935 to Aug 6 1935, last saw him alive on July 25 1935; death is to have occurred on the date stated above, at 6:30 a.m.

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

Other Contributory Causes of importance:

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

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

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

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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>SEP 5, 1936</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>The principal cause of death</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
<td></td>
</tr>
<tr>
<td>Run over by street car</td>
<td></td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1933</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: Somerset
   Village or City: Mt. Vernon
   Length of residence in city or town where death occurred: all life

2. FULL NAME
   (a) Residence: Mt. Vernon
   (Usual place of abode)
   HUSBAND of
   (or) WIFE of

3. SEX
   Male

4. COLOR OR RACE
   Col.

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

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

6. DATE OF BIRTH (month, day, and year):
   June 15, 1856

7. AGE
   Years: 49
   Months: 5
   Days: 4
   If LESS than 1 day, ______ hrs. or ______ min.

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

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):
    1884

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

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

13. NAME
    Charles Jones

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

15. MAIDEN NAME
    Margaret Jackson

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

17. INFORMANT
    daughter

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Vernon
    Date: July 17, 1934

19. UNDERTAKER
    Dale Pringle

20. FILED
    Aug. 17, 1934

21. DATE OF DEATH
    Aug. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from:
    June 15, 1856, to Aug. 17, 1934.
    Last seen alive on Aug. 15, 1934. Death is said to have occurred on the date stated above, at 2 p.m.
    The PRINCIPAL CAUSE OF DEATH is as follows:
    Diabetic Complications

23. Other Contributory Causes of importance:
    Bedridden. Fehl diabetes

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

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

26. Name of operation:

27. Date of:

28. What last confirmed diagnosis?:

29. Was there an autopsy?

30. Date of death and cause:

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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**Example I**

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

**Other contributory causes of importance:**

| Gallstones | **May 1, 1923** |

**Example II**

<p>| The principal cause of death and related causes of importance were as follows: |</p>
<table>
<thead>
<tr>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attack of epilepsy</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>Run over by street car</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>Peritonitis</strong></td>
<td><strong>3 days ago</strong></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: Montgomery
   Village or City: Olney
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   John A. Jones, Jr.
   If U.S. Veteran specify WAR.

3. SEX
   M

4. COLOR OR RACE
   B

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   Nov. 21, 1932

7. AGE
   Years: 28
   Months: 10
   Days: 10

21. DATE OF DEATH
   Aug. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935, to Aug. 1, 1935, I last saw him alive on July 31, 1935; death is said to have occurred on the date stated above, at 11 a.m. The principal cause of death was:

   Typhoid Fever

Other Contributory Causes of Importance:

   

   Name of operation: 
   Date of: 
   What test confirmed diagnosis?: 
   Date of: 

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) 
M.D.

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

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<td>Date of onset</td>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: "" County
   Village or City: "" City
   Registration Dist. No.: 270
   No. St., Ward: ""
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   Aug 15, 1935

7. AGE
   Years: 3
   Months: Aug
   Days: 15
   If LESS than 1 year, yrs., mos., days.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   ""
   (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
   Name: ""
   Address:

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

19. UNDERTAKER
   Name:
   Address:

20. FILED
   "" Register
   Date:

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
   I last saw deceased alive on 19 to 19
   Death is said to have occurred on the date stated above, at 19; m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Disease of the Heart

   Other Contributory Causes of importance:

   ""

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

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

   Manner of injury:
   Nature of injury:

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   If so, specify
   (Signed)
   (Address)
   M. D.
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<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
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<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: Caroline, Md.
Village or City: Cambridge, Md.

No. 270
Registration Dist. No.

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

Length of residence in city or town where death occurred. 18 yrs. mos.

2. FULL NAME

(a) Residence: No. 348

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

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

Aug. 6, 1917

8. AGE

9. Occupation

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

Place: Cambridge

Date: Aug. 9, 1936

19. UNDERTAKER

Chas. H. Ward

20. FILED

8/6/35

21. DATE OF DEATH

Aug. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 1, 1936, to Aug. 5, 1936.

I last saw him alive on Aug. 4, 1936.

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?

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?

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(Signed)

M. D.

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<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>SEP 7, 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
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</tbody>
</table>

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

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Fairmount
   Registration Dist. No.: 117
   Ward: 264
   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: Susie May Maddox
   (a) Residence: No. Fairmount, Md. (usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): June 29, 1885
7. AGE: 59
   Years
   Months 7
   Days
   If LESS than 1 day... hrs. or. min.

8. Trade, profession, or particular kind of work done: No
   Slight, 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): Fairmount
    (State or country): Md.
13. NAME: Alexander Maddox
14. BIRTHPLACE (city or town): Maryland
    (State or country):
15. MAIDEN NAME: Delores Frances Harpell
16. BIRTHPLACE (city or town): Maryland
    (State or country):
17. INFORMANT (Address): Howard Maddox
18. BURIAL, CREMATION OR REMOVAL: Permanent
    Cem. Date: Aug. 16, 1935
19. UNDERTAKER (Address): Howard Maddox
20. FILED: Aug. 16, 1935

MEDICAL CERTIFICATE OF DEATH


22. I HEREBY CERTIFY. That I attended deceased from 1919 to 1919.

I last saw deceased alive on 1935.

Death is said to have occurred on the date stated above, at 730 p.m.

The PRINCIPAL CAUSE OF DEATH was as follows:

Physician did not see infant, cause generally infantile diarrhea.

No Physician in Attendance.

The death was caused by improper feeding.

Other Contributory Causes of Importance:

Infant's mother died when it was only a few days old.

Name of operation:

What test confirmed diagnosis?:

Was there an autopsy?:

If death was due to external cause (VIOLENCE) fill in also the following:

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:

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

If so, specify:

(Signed) A. E. Dickinson

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

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

Other contributory causes of importance:

**Example II**

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

Other contributory causes of importance:

Gastroenteritis 1 year

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

1. PLACE OF DEATH
County: Howard
Village or City: CHANCE, MD.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: 13

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

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

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

7. AGE (Years, Months, Days)
62

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

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)
CHANCE, MD.

13. NAME: Samuel McBride

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

15. MAIDEN NAME: Leah Jones

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

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: CHANCE
Date: Aug 23, 1935

19. UNDERTAKER (Address)

Registrar: D. P. Linsley

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from
AUG 1 1935
19, to AUG 2 1935
19, I last saw him alive on AUG 2 1 1935
19, 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:

Other Contributory Cause of Importance:

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

24. If so, specify

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

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<tr>
<td>Arteriosclerosis</td>
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<td>Peritonitis</td>
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<tr>
<td>Other contributory causes of importance:</td>
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<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Somerset
   Village or City: Shelltown
   Length of residence in city or town where death occurred: 65 yrs.

2. FULL NAME: Harriot E. Milbourne
   (a) Residence: Shelltown

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): July 15th, 1846.

7. AGE: 89
   Years: 89
   Months: 1
   Days: 2

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

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

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

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

12. BIRTHPLACE (city or town): Wicomico County, Maryland

13. NAME: James L. Dashfield

14. BIRTHPLACE (city or town): Wicomico County, Maryland

15. MAIDEN NAME: Eliza J. Hughes

16. BIRTHPLACE (city or town): Wicomico County, Maryland

17. INFORMANT: Mrs. Thomas Smith, Shelltown, Maryland

18. BURIAL CREMATION OR REMOVAL
   Place: Rehoboth, Md.
   Date: Aug. 18th, 1935

19. UNDERTAKER: A. H. Stevenson, Pocomoke City, Maryland

20. FILED: 8-17-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Shelltown August 16th, 1935


23. The accident, cause of death, or injury, state:
   Approximately 20 P.M., he fell from his bed.


25. Manner of Injury: Accident, fall

26. Accident, suicide, or homicide? Accident

27. Where did injury occur? (Specify city or town, county and State)
   Pocomoke City, Maryland

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

29. Date of Injury: Aug. 16, 1935

30. Date of death: Aug. 16, 1935

31. Date of onset: Aug. 16, 1935

32. Chronic Myocarditis

33. Fracture of humerus due to accidental fall

34. Fracture of humerus July 1935

35. Other Contributory Cause of Importance: Arteriosclerosis

36. Name of operation: None

37. The result: Death

38. What test confirmed diagnosis? None

39. Was there an autopsy? None

40. If so, specify (Signed) M. D.

If more blanks are needed, address State Registrar, 2415 N. Charles Street, Baltimore, Requesting V. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Attack of epilepsy</td>
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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 3 1995</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</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: Somerset
Village or City: Mount Vernon
Length of residence in city or town where death occurred: 5 yrs. mos. ds.

2. FULL NAME: Mary Anna Murray

3. PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

4. RESIDENCE: No. 947, Deforest St., Ward: 7

5. HUSBAND OR WIFE OF: Oben W. Murray

6. DATE OF BIRTH: Aug. 29, 1872

7. AGE: 72 Years, 9 Months, 12 Days

8. OCCUPATION: House work

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: As Spinner, Sawyer, Bookkeeper, etc.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Aug. 29, 1932

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

12. BIRTHPLACE (CITY OR TOWN): Mount Vernon

13. NAME: Cahm Addini

14. BIRTHPLACE (CITY OR TOWN): Orlando, Maryland

15. MAIDEN NAME: Sally Bedworth

16. BIRTHPLACE (CITY OR TOWN): Orlando, Maryland

17. INFORMANT: Mr. W. P. Murray

18. BURIAL, CREMATION, OR REMOVAL: Mt. Vernon

19. UNDERTAKER: Charles Dashfield


21. MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 6, 1935

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM NOV. 2, 1931, TO AUG. 6, 1935.

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

- Generalized pericarditis
- Chronic myocarditis
- Duration: unknown

Other Contributory Causes of Importance:

- Chronic nephritis

Name of operation: 

Date of:

What test confirmed diagnosis?: 

CLINICAL

WHERE DONE ON AUTOPSY?

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

If so, specify:

SIGN: 

ADDRESS: 

REG. DISTRICT NO. 263

REG. ST., WARD:

REG. DISTRICT NO. 263

REGISTERED FOR BINDING

GENDER RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

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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**Example I**

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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Sep 5, 1935</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

**Example II**

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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
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<tbody>
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<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: Somerset
   Village or City: Pocomoke City
   Length of residence in city or town where death occurred: 5 yrs.
   Registration Dist. No.: R.F.D. #1

2. FULL NAME: Charles Augustus Norwood
   Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
   4. COLOR OR RACE: Colored
   5a. If married, widowed, or divorced
      HUSBAND or (or) WIFE: Margaret J. Norwood
      Years: 67
      Months: 5
      Days: 27
      If LESS than 1 day, . hrs. or . min.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Pocomoke City August 20th, 1935
22. I HEREBY CERTIFY That I attended deceased from
    Aug 16, 1935 to Aug 19, 1935 I last saw him alive on Aug 20, 1935; death is said
    to have occurred on the date stated above.

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

   Other Contributory Cause of importance:
   Dehydration

   Name of operation:
   Date of:
   Disease caused 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:
    No
    If so, specify:
    (Signed) R. Lee Lefkowitz, M.D.

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<td>July 5, 1927</td>
<td>3 days ago</td>
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<tr>
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<td>Other contributory causes of importance:</td>
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<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: Somers
   Village or City: Marion Station
   No. St., Ward
   Length of residence in city or town where death occurred: 3 yrs. 5 mos. 19
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   George S. Stanford Perry
   (a) Residence: No. Marion
   (b) Ward.

3. SEX
   Male

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF DEATH (month, day, and year)
   Feb 6 1935

7. AGE
   Years: 3
   Months: 0
   Days: 28

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)
    Marion Station
    (State or country)

13. NAME
    George S. Stanford Perry

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

15. MAIDEN NAME
    Helen Marie Taylor

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

17. INFORMANT
    Father
    Marion
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Branch Lotting, Date: Aug 5, 1935

19. UNDERTAKER
    (Address)

20. FILED
    15 35
    (Address)

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

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

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

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

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

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

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

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 8, 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>

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

Example II

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

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

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

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

2. FULL NAME: Delia Rock
   (a) Residence: No. 103

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH: (month, day, and year)
   May 2, 1878

7. AGE: Years
   Months: 3
   Days: 14
   If LESS than 1 day, please specify

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

   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)
       August 14, 1907

   11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    (State or country)
    Ashland, Connecoticut Co.

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

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

17. INFORMANT (Address)
    (Name of operation)
    John Rock

18. BURIAL, CREMATION, OR REMOVAL
    Place...
    Vinton, Md.

19. UNDERTAKER (Address)
    Dale Dashielk
    Princess Anne, Md.

20. FILED (Address)
    Aug. 18, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: (Month, Day, Year)
    Aug. 18, 1935

   I HEREBY CERTIFY, That I attended deceased from
   Aug. 16, 1935 to Aug. 18, 1935
   I last saw deceased on Aug. 18, 1935.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Arteriosclerosis
   Chronic bronchitis
   Other Contributory Causes of Importance:

   Name of operation:
   Date of:
   Test confirmed diagnosis:
   Where operation was performed:

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

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

If more blanks are needed, address State Registrar, 2402 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, ashenria, 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>Apr 6, 1923</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Jul 5, 1925</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
</tr>
</tbody>
</table>

### Example II

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Somerset
Village or City: Crisfield

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: 10 yrs. 6 mos. 0 ds.

How long in U.S. if of foreign birth? 2 yrs. 0 mos. 0 ds.

2. FULL NAME

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

Alberta Francis Sterling
St.

Ward.

If nonresident give city or town and State

3. SEX

Female

4. COLOR OR RACE

White

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

Married

5a. If married, widowed, or divorced

HUSBAND OF: Elzie D. Sterling

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

May 19, 1884

7. AGE

Years: 81

Months: 2

Days: 12

If LESS than 1 day, _______ hrs. or _______ min.

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Somerset Co., Md.

(State or country)

13. NAME

John W. Lawrence

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

15. MAIDEN NAME

Retta Nelson

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

17. INFORMANT

Name: Mrs. Pearl Ward

Address: Crisfield, Md.

Date of Decease: Aug 1, 1935

18. BURIAL, CREMATION, OR REMOVAL

Place: Church Cemetery

Date: Aug 17, 1935

19. UNDERTAKER

Address: J. S. Lawrence & Son

20. FILED

Aug 1, 1935

M.D.

22. I HEREBY CERTIFY that I attended deceased from July 31, 1935, to Aug 1, 1935.

Date of Onset

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

Accident, suicide, or homicide? Date of Injury: 19

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

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

Manner of Injury

Nature of Injury

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

If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2441 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Example 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: 
Village or City: Woomers, Md.

No. St. __________ Ward __________

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

2. FULL NAME

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

St. __________ Ward. __________

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE


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

6. DATE OF BIRTH (month, day, and year) 8-21-35

7. AGE Years __________ Months __________ Days __________ If less than 1 day, __________ hrs. or __________ min.

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

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

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

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

12. BIRTHPLACE (city or town) Woomers, md.

(State or country)

13. NAME Wm. John Tawes

14. BIRTHPLACE (city or town) Woomers, md.

(State or country)

15. MAIDEN NAME Lizzie Elizabeth Caseley

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

(State or country)

17. INFORMANT (Address) Wm. John Tawes Woomers, md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woomers Date 8-27-35

19. UNDERTAKER (Address) Fred. J. Webster Woomers, md.

20. FILED __________

Registrar __________

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(Month) 8

(Day) 27

(Year) 1935

22. I HEREBY CERTIFY, That I attended deceased from __________ 19 __________ to __________ 19 __________

I last saw him ________ alive on __________ 19 __________; death is said to have occurred on the date stated above, at __________ m.

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

Date of onset __________

Other Contributory Causes of importance:

Name of operation __________________________ Date of __________________________

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

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) __________________________

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>SEP 5, 1925</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1925</td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Somerset
   Village or City: Tangier Sound near Crisfield
   Length of residence in city or town where death occurred: 0 yrs 0 mos 0 ds

2. FULL NAME
   Hector G Webster
   Residence: Deals Island

3. SEX
   M

4. COLOR OR RACE
   Waterman

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

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

7. AGE
   About 30

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   None

9. OCCUPATION
   Waterman

10. DATE DECEASED LAST WORKED
    Aug 1935

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    15

12. BIRTHPLACE (city or town)
    Deals Island

13. NAME
    Edward Webster

14. FATHER NAME
    Emma Hörner

15. MOTHER NAME
    Deals Island

16. INFORMANT
    W E Webster

17. BURIAL, CREMATION, OR REMOVAL
    Deals Island

18. UNDERTAKER
    J M Mowder

19. FILED
    Aug 7, 1935

20. MEDICAL CERTIFICATE OF DEATH
    I HEREBY CERTIFY, That I attended deceased from
    Deceased had been ill for
    19 days; 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:
    Malaria, cerebral.

21. DATE OF DEATH
    Aug 4, 1935

22. OTHER CONDITIONS OF IMPORTANCE
    None

23. IF DEATH WAS DUE TO EXTERNAL CAUSES
    Accident, suicide, or homicide?
    Date of injury: 19
    Where did injury occur?
    (Specify city, 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

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

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

<table>
<thead>
<tr>
<th>Cause of death and related causes of importance</th>
<th>Date of onset</th>
<th>Cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 15, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

- Gallstones: May 1, 1925
- Gastroenteritis: 1 year

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## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Somerset
   Village or City: Pocomoke City
   No. R.F.D. #1: Registration Dist. No. 26 Y
   (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: Adolph White
   (a) Residence: No. St., Ward.
   If U. S. Veteran, specify WAR:
   (Unusual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

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

   5a. If married, widowed, or divorced
   HUSBAND OR WIFE OF: Mary White

   6. DATE OF BIRTH (month, day, and year): Oct 25, 1862
   7. AGE: Years 72 Months 9 Days 27
   If less than 1 day, hrs. or. min.

   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Farmer
   9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: SILK MILLS, BANK, ETC.
   10. DATE DECEASED LAST WORKED IN THIS OCCUPATION: Sept 1934
   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION:

   OCCUPATION

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

   13. NAME: Stephen White

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

   15. MAIDEN NAME: Elizabeth Martin

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

   17. INFORMANT: 
      (Address)

   18. BURIAL, CREMATION, OR REMOVAL
      PLACE OF
      Trinity Cemetery, Pocomoke City, Md.
      DATE: Aug 24, 1935

   19. UNDERTAKER: Vernon P. Stevenson
      (Address) Pocomoke City, Maryland

      (Address)
      Registrar.

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
      (Month) August (Day) 22nd (Year) 1935

   22. I HEREBY CERTIFY, That I attended deceased from
      July 26, 1935, to Aug 22, 1935,
      Last saw him alive on Aug 2, 1935,
      death is said to have occurred on the date stated above, at 7:00 A.M.
      The principal cause of death and related causes of importance
      were as follows:

      Name: Valen"Chesney
      Date of onset: 1935

      Other Contributory Causes of Importance:

      Date of:

      Other Contributory Causes of Importance:

      Date of:

   23. IF DECEASED DIED OF NATURAL CAUSES, fill in also the following:
      MANNER OF DEATH: Method of death:
      Date of injury:
      Where did injury occur?
      (Specify city or town, county and State)
      Specify whether death occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.
      Nature of injury:
      Date of:
      Nature of injury:

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

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

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

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

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

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

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

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

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

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

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

2. FULL NAME... Albert Williams
   Residence: No. Restored, Md.
   If U.S. Veteran specify WAR...

PERSONAL AND STATISTICAL PARTICULARS

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

4. COLOR OR RACE... Colored
   6. DATE OF BIRTH (month, day, and year)... Aug. 29, 1865

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)... Married
   7. Age... 70
       Years Months Days
       IF LESS THAN 1 day... hrs. or... min.

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

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

12. BIRTHPLACE... Somerset, Md.
    13. NAME... Aaron Williams
    14. BIRTHPLACE... Somerset, Md.
    15. MAIDEN NAME... Marcus Smith

16. BIRTHPLACE... Somerset, Md.
    17. INFORMANT... Jula Lambford, mother, Md.
    18. BURIAL, CREMATION, OR REMOVAL
       Place... Cottage Grove
       Date... Sept. 2, 1935

19. UNDERTAKER... L. Has H. Ward
    20. FILED... 9/6, 1935

21. DATE OF DEATH... Aug. 31, 1935
    22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1935, to Aug. 31, 1935...
    23. If death was due to external causes (VIOLENCE) fill in also the following:
       Accident, suicide, or homicide...
       Manner of injury...
       Nature of injury...
       Where did injury occur...
       Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE...
    24. Was disease or injury in any way related to occupation of deceased...

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Oct 4, 1905</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<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>
</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>

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<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: Somerset
   Village or City: Allon
   Length of residence in city or town where death occurred: 14 yrs. mos. ds.

2. FULL NAME
   Samuel Wm. Williams

3. SEX
   Male

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED

6. DATE OF BIRTH (month, day, and year)
   Aug. 15th, 1851

7. AGE
   83 yrs. 11 mos. 21 days

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

9. OCCUPATION
   Weaver

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    Aug. 1832

11. TOTAL TIME SPENT IN THIS OCCUPATION
    36 yrs. 10 mos.

12. BIRTHPLACE (city or town)
    Shad Point

13. NAME
    Mrs. Williams

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

15. MAIDEN NAME
    Unknown

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

17. INFORMANT
    B.T. Williams

18. BURIAL, CREMATION, OR REMOVAL
    Dressed, Aug. 19th, 1935

19. UNDERTAKER
    Church Trapp

20. FILED
    8/17, 1935

REGISTRATION DIST. NO. 260
REGISTRATION YEAR 1932
REGISTRATION DISTRICT 260

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<tr>
<td>Chronic interstitial nephritis</td>
<td>Sep 1, 1925</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

**Example II**

<table>
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<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
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<tbody>
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<td>1 week ago</td>
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<td>3 days ago</td>
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</table>

Other contributory causes of importance:

- Gastroenteritis                 | 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


