STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince George
   Village or City: Forestville, Md.
   Address: Sewing 40, No. 1
   Length of residence in the city or town where death occurred: 1 yr. 11 mos. 16 days
   How long in U.S. if of foreign birth: 1 yr. 11 mos. 16 days

2. FULL NAME
   (a) Residence: No. 6, Renning Dr. 40, Forestville, Md.
   (Usual place of abode)
   Personal and Statistical Particulars

   3. SEX: M
   4. COLOR OR RACE: White
   5. If married, widowed, or divorced: Widow
      Husband's or Wife's Name: Emma E. Slock Allen
   6. DATE OF BIRTH: July 12, 1863
   7. AGE: 72 yrs. 2 mos. 22 days
   8. Trade, profession, or particular kind of work done: Retired
   9. Industry or business in which work was done: None
   10. Date deceased last worked at this occupation: 1933
   11. Total time spent in years in this occupation:

21. DATE OF DEATH
   Month: Oct.
   Day: 4
   Year: 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935, to Oct. 4, 1935, and that he was alive on Oct. 4, 1935. I certify that death occurred on the date stated above, at 3 a.m.

23. The principal cause of death and related causes of importance were as follows:
   Date of onset: 1935
   Cause of Death: Acute myocardial infarction
   Other Contributory Causes of Importance:
   Asthma

   Name of operation: 
   Date of:
   What test confirmed diagnosis?: 
   Was there an autopsy?: Yes
   24. If death was due to external causes (VIOL ENCE) 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: 

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

26. FILED: 10/5/1935
   Register:
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, 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><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset: 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset: 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset: July 5, 1927</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Prince George
Village or City: Glen Dale, Md.
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: William W. Anderson

(a) Residence: Glen Dale, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

SINGLE

5a. If married, widowed, or divorced

HUSBAND of

WIFE of

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

May 17, 1857

7. AGE

79 yrs. 5 mos. 6 days

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

Contractor

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

Carpenter

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

6 mos.

11. Total time (years) spent in this occupation

6 yrs.

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

Md.

13. NAME

Samuel W. Anderson

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

Md

15. MAIDEN NAME

Martha J. Williams

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

Md

17. INFORMANT

H. Clay Anderson

18. BURIAL, CREMATION, OR REMOVAL

Place: Perkins Chapel

Date: Oct. 26, 1857

19. UNDERTAKER

St. George's Sons

Blacksburg, Md

20. FILED

10/24/1925

21. DATE OF DEATH

10/23/1935

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

1935, to 1935.

I last saw him alive on 10/23, 1935.

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

Chronic Bright's Disease.

Date of onset: 1935.

Other Contributory Causes of importance:

Colonial Tuberculosis.

10/20/1935

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

Accident, suicide, or homicide:

Date of Injury: 1935.

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

Manner of Injury:

Nature of Injury:

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

If so, specify:

Signed: R. W. Ward, 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

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<tr>
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<th>Date of onset</th>
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</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>NOV 4, 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>
</tbody>
</table>

### Example II

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

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

1. PLACE OF DEATH
   - County: Anne Arundel
   - Registration Dist. No.: 2445
   - Village or City: Baltimore, Md.
   - No.: Bushwick Sanitarium
   - St.: St.
   - Ward:
   - Length of residence in city or town where death occurred: yrs. 1 mos. 19 ds.
   - If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME
   - John W. Boyle
   - Residence: No.
   - St.: St.
   - Ward.
   - If nonresident give city or town and State:

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (marry the word): Single
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of:

**DATE OF DEATH**
- (Month) Oct
- (Day) 18
- (Year) 1935

**MEDICAL CERTIFICATE OF DEATH**

22. I HEREBY CERTIFY that I attended deceased from:
   - (Month) Oct
   - (Day) 16
   - (Year) 1935

23. I last saw him alive on:
24. Death is said to have occurred on the date stated above, at:
   - (Time) 4:30 A.M.

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

- Pneumonia
- Pneumonia
- Malignant

Other Contributory Causes of importance:
- Hepatitis
- Cholecystitis

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

25. What injury occurred: Accident, suicide, or homicide?:
   - Date of injury:
   - Where did injury occur?:
   - Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE:

Manner of injury:
Nature of injury:

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

**INFORMATION**

13. NAME: John Boyle
14. BIRTHPLACE (city or town): Baltimore, Md.
15. MAIDEN NAME: German
16. BIRTHPLACE (city or town): German
17. INFORMANT (Address): Miss Sophie Bohem
18. BURIAL, CREMATION, OR REMOVAL:
   - Place: Buried
   - Date: Oct. 21, 1935
20. FILED: Oct. 18, 1935

Regis. (Address): 809 Kenyon St. NW

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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</tr>
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<td>July 5, 1927</td>
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<tr>
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<td></td>
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</tr>
<tr>
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</tr>
<tr>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Prince George C
Village or City: Wheaton, Md. No. 305

2. FULL NAME

(a) Residence: No.
(Urban place of abode)
(b) Street, Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

5a. If married, widowed, or divorced

WIFE of: Madeleine S. Bosher

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

Dec 30, 1892

7. AGE

Years: 60
Months: 1
Days: 19

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

Stock Mgr. of Storage

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

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

Jan 31, 1935

11. Total time (years) spent in this occupation

10 yrs

12. BIRTHPLACE (city or town)

Vintondale, Pa.

(State or country)

13. NAME

William R. Bosher

14. BIRTHPLACE (city or town)

State or country: Virginia

15. MAIDEN NAME

Susan's Clayton

16. BIRTHPLACE (city or town)

State or country: New Jersey

17. INFORMANT (Address)

Madeleine S. Bosher

d. Riverdale, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Wheaton, Md. Date: Nov. 1, 1935

19. UNDERTAKER (Address)

F. J. Facei, Sons

20. FILED (Address)

Oct 30, 1935

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<td>1915</td>
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<td>1 week ago</td>
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**Other contributory causes of importance:**

| Gallstones                                  | May 1, 1923   |

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Fairmount Heights
   No. 219 Fairview Ave., St., Ward
   Length of residence in city or town where death occurred: 18 yrs., mos., ds.
   How long in U.S. if of foreign birth: yrs., mos., ds.

2. FULL NAME: Ruth A. Brooks
   (a) Residence: No. 219 Fairview Ave., St., Ward, Fairmount Heights, Md.
   (b) Residence: No.
   (c) Place of Abode: Fairmount Heights, Md.
   (d) Age: 52

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
6. If married, widowed, or divorced
   HUSBAND OF: Eli Brooks
   (b) WIFE OF: Eli Brooks
7. DATE OF BIRTH (Month, Day, and Year): Unknown, 1883
8. AGE (Years, Months, Days): Unknown
9. OCCUPATION: Housework
10. OTHER OCCUPATION: Own Home
11. Toilettim (years) spent in this occupation (month and year): 52
12. BIRTHPLACE (city or town): Nottingham
    (State or country): Maryland
13. NAME: Hansen Dyson
14. BIRTHPLACE (city or town): Nottingham
    (State or country): Maryland
15. MOTHER NAME: Harriet Duckett
16. BIRTHPLACE (city or town): Nottingham
    (State or country): Maryland
17. INFORMANT: J. C. Brooks
    Address: 219 Fairview Ave., Fairmount Heights
18. BURIAL, CREMATION, OR REMOVAL: Washington, Date: 10/17/1935
19. UNDERTAKER: (Address)
20. FILED: Oct. 27, 1935

Medical Certificate of Death
21. DATE OF DEATH: October 23, 1935
23. I last saw him alive on October 16, 1935; death is said to have occurred on the date stated above, at 3:30 a.m.
24. The principal cause of death was as follows:
   Carcinoma of Tonsil
   Other Contributory Causes of Importance:
   Hemorrhage From Throat
   Casket: 19
   Name of operation: None
   What test confirmed diagnosis: Biopsy
   Was there an autopsy: No
25. Was disease or injury in any way related to occupation of deceased?
   If so, specify: No

Registration Dist. No.: 242

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<tr>
<td></td>
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</tr>
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<td></td>
<td>Other contributory causes of importance:</td>
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<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: Prince George County
   Village or City: \text{...} (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
   Female
   4. COLOR OR RACE
   Colored
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married
   6. DATE OF BIRTH
   Dec. 30, 1899
   7. AGE
   Years: 35
   Months: 9
   Days: 9
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Housewife
   9. Industry or business 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
   Oct. 22, 1935

   I last saw him alive on Oct. 19, 1935; death is said to have occurred on the date stated above, at .
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Tuberculosis, 1935
   Other Contributory Causes of importance:

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

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

   Manner of injury
   Nature of injury

   Signed
   (Address)

   Filed: Oct. 22, 1935
   Registrar
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

### Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Nov 4, 1935</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1931</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:** Prince George
- **Village or City:** Hyattsville
- **No. Street:** Found St.
- **Street:** Ward
- **Length of residence in city or town where death occurred:** yrs. 10 mos. ds.

## 2. FULL NAME
- **Residence:** No.
- **St., Ward:** Baltimore, Md.

### PERSONAL AND STATISTICAL PARTICULARS

- **Sex:** female
- **Color or Race:** white
- **Single, Married, Widowed, or Divorced:** single

### 6. DATE OF BIRTH (month, day, and year)
- **Aug 21, 1883**

### 7. AGE
- **Years:** 52
- **Months:** 3
- **Days:** 2
- **If less than 1 day:** hrs.
- **or min.**

### 8. Trade, profession, or particular kind of work done
- **Spinning and dyeing**

### 10. Date deceased last worked at this occupation (month and year)
- **1932**

### 11. Total time (years) spent in this occupation
- **25**

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

### 13. NAME
- **John H. Garvey**

### 14. BIRTHPLACE (city or town)
- **State or country:** Ireland

### 15. MAIDEN NAME
- **Elena Dourney**

### 16. BIRTHPLACE (city or town)
- **State or country:** Ireland

### 17. INFORMANT
- **Address:** St. Joseph's Hospital

### 18. BURIAL, CREMATION, OR REMOVAL
- **Pleasant Hill Cemetery**
- **Date:** Oct 11, 1935

### 19. UNDERTAKER
- **Address:** 924 1st St.

### 20. FILED
- **Date:** Oct 8, 1935

### MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH**
- **Oct 8, 1935**

**22. I HEREBY CERTIFY**
- **That I attended deceased from:** Dec. 9, 1933, to Oct. 8, 1935
- **I last saw him alive on:** Oct. 1, 1935
- **Wife:** 19 yrs.
- **Cause of death:** Central nervous diseases
- **Date of death:** Oct. 8, 1935

**Other Contributory Causes of Importance:**
- **Arteriosclerosis**
- **Central nervous disease**

**Name of operation:** None

**Date of operation:** 1932

**What test confirmed diagnosis:** None

**There was an autopsy:** None

### 23. If death was due to external causes (VIOLENCE) fill in also the following:
- **Accident, suicide, or homicide:** None
- **Date of Injury:**
- **Where did injury occur:**
- **Specify whether injury occurred in:**
- **Manner of injury:**
- **Nature of injury:**

### 24. Was disease or injury in any way related to occupation of deceased?
- **Specify:**

---

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

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

To be complete, an occupation return must state:

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

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

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

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

STATEMENT OF CAUSE OF DEATH.

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

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<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>July 6, 1927</td>
<td>1 week ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Pk. Veo Co.
   Village or City: Titchei md.
   No.-registration Dist. No.: 235-
   Registration Dist. No.: Pk. Veo Co. Alto st., Ward
   Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. 2 mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

5e. If married, widowed, or divorced
   Husband: Henry Chalk

6. DATE OF BIRTH (month, day, and year)
   Aug. 21 1849

7. AGE
   Years: 86
   Months: 1
   Days: 27

8. Trade, profession, or particular kind of work done, es 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): md.

13. NAME
   Father: Nathan Willcox

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

15. MAIDEN NAME
   Unknown

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

17. INFORMANT
   Address: John Chalk

18. BURIAL, CREMATION, OR REMOVAL
   Place: Laurel md.
   Date: Oct. 20, 1935

19. UNDERTAKER
   Address:

20. FILED
   Address: Oct. 18, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Oct. 17, 1935

22. I HEREBY CERTIFY That I attended deceased from
   I last saw him alive on Oct. 15, 1935, death is said to have occurred on the date stated above, at 1:01 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Senile myocardiite
   Other Contributory Causes of importance:
   Chronic nephritis nephrite
   Sub acute Mening

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

24. Was disease or injury in any way related to occupation of deceased?
   No
   If so, specify
   (Signed)
   Address: Oct. 1, Denning ton, MD.

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

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:

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<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>RECEIVED</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>NOV 7 1935</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>JULY 5, 1927</strong></td>
<td><strong>3 days ago</strong></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><strong>RECEIVED</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:** Prince Geor. MD
- **Village or City:** Laurel MD
- **No. St.,** Ward
- **(If death occurred in a hospital or institution, give its NAME instead of street and number)**
- **Length of residence in city or town where death occurred... yrs. mos. ds.**

### 2. FULL NAME
- **(a) Residence:** No. Louisiana Ind.
- **St.,** Ward.
- **If U.S. Veteran specify WAR.**

### PERSONAL AND STATISTICAL PARTICULARS

#### 3. SEX
- **Male**

#### 4. COLOR OR RACE
- **White**

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

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

#### 6. DATE OF BIRTH (month, day, and year)
- **Feb. 28th, 1848**

#### 7. AGE
- **Years:** 87
- **Months:** 6
- **Days:** 15
- **IF LESS THAN 1 day, ______ hrs. or ______ min.**

#### 8. Trade, profession, or particular
- **kind of work done as SPINNER, SAWER, BOOKKEEPER, etc.:**
- **farmer**

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

#### 10. Date deceased last worked at this occupation (month and year)
- **1795**

#### 11. Total time (years) spent in this occupation
- **1900**

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

#### 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
- **Name:** Mrs. Harriet Gray
- **Address:** Mrs. Harriet Gray
- **Place of Burial:** Laurel MD
- **Date:** Oct. 13, 1935

#### 18. BURIAL, CREMATION, OR REMOVAL
- **Place:** Laurel MD
- **Date:** Oct. 13, 1935

#### 19. UNDERTAKER
- **Name:** F. H. Brown
- **Address:** Laurel MD

#### 20. FILED
- **Date:** Oct. 13, 1935

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH
- **(Month):** 10
- **(Day):** 12
- **(Year):** 1935

#### 22.
- **I HEREBY CERTIFY,** that I attended deceased from
- **Feb. 20, 1935, to Oct. 12, 1935.**
- **I last saw him alive on:** 10/11/1935, 19;
- **death is said to have occurred on the date stated above, at:** 12 m.
- **The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:**

#### Other Contributory Causes of Importance:

### 23.
- **Name of operation:**
- **Date of:**
- **What test confirmed diagnosis?**
- **Was there an autopsy?**

#### 24.
- **If death was due to external causes (VIOLENCE) fill in also the following:**
- **Accident, suicide, or homicide?**
- **Date of injury:** 19
- **Where did injury occur?**
- **Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:**
- **Manner of Injury:**
- **Nature of injury:**
- **If so, specify**
- **(Signature):**
- **(Address):** M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

1. PLACE OF DEATH

County... Prince Georges
Village or City... Oxon Hill

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

2. FULL NAME

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

3. SEX

Female

4. COLOR OR RACE

White

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

Husband of

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

J. W.

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

M. Y.

7. AGE

9 yrs.

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)

(State or country)

13. NAME

Daniel P. Westcott

14. BIRTHPLACE (CITY OR TOWN)

(State or country)

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

(State or country)

17. INFORMANT

Geo. E. Curtis

18. BURIAL, CREMATION, OR REMOVAL

Place: Washington DC

Date: 10/2, 1935

19. UNDERTAKER

Thomas J. Morgan

20. FILED

1935, L. O. Misner

21. DATE OF DEATH

Oct. 1st, 1935

22. I HEREBY CERTIFY. That I attended deceased from

9-26, 1935, to 10-1, 1935

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

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

If so, specify

25. Other Contributory Causes of importance:

Malnutrition

Definite

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

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

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

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<tr>
<th>Example I</th>
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Additional space for further statements by physician
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   - County: Prince George
   - Village or City: Washington
   - Length of residence in city or town where death occurred: yrs. 11 mos. ds.

2. FULL NAME
   - Name: Mrs. Rebecca Dellinger
   - Residence: 5500 Wisconsin Ave, Chevy Chase, MD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   - Female

4. COLOR OR RACE
   - White

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

6. DATE OF BIRTH (month, day, year)
   - Jan 13, 1853

7. AGE
   - Years: 82
   - Months: 9
   - Days: 1
   - If LESS than 1 day, give hrs. or mins.

8. TRADE, PROFESSION, OR PARTICULAR
   - Seamstress

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

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)

13. NAME
   - Japhet Dellinger
   - Birthplace: Va.

14. BIRTHPLACE (CITY OR TOWN)

15. MAIDEN NAME
   - Elizabeth Dellinger
   - Birthplace: Va.

16. BIRTHPLACE (CITY OR TOWN)

17. INFORMANT
   - Address: [Handwritten]

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKERS
   - Address: [Handwritten]
   - Date: 10-14-1935

20. FILED
   - Date: Oct. 14, 1935

21. DATE OF DEATH
   - Month: Oct
   - Day: 14
   - Year: 1935

22. I HEREBY CERTIFY that I attended deceased from...[Handwritten]

23. OTHER CONTRIBUTARY CAUSES OF IMPORTANCE
   - Childbirth, complication, disease

24. OTHER OCCUPATION
   - [Handwritten]

25. OTHER CONTRIBUTARY CAUSES OF IMPORTANCE
   - [Handwritten]

26. NAME OF HOSPITAL OR REST HOME
   - [Handwritten]

27. ADDRESS
   - [Handwritten]

28. WHAT TEST CONFIRMED DIAGNOSIS?
   - [Handwritten]

29. WAS THERE AN AUTOPSY?
   - [Handwritten]

30. MANNER OF INFERENCE
   - [Handwritten]

31. NATURE OF INJURY
   - [Handwritten]

32. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   - If so, specify

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

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

Other contributory causes of importance:

Gallstones | Date of onset May 1, 1923 | Gastroenteritis | Date of onset 1 year |

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Accokeek
   Registration Dist. No. 238

2. FULL NAME: John F. Deut
   If U. S. Veteran, specify WAR

   (a) Residence: No. 10013
   (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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word):
   HUSBAND OF (or) WIFE OF
   Catherine C. Deut

6. DATE OF BIRTH (month, day, and year): Nov 20, 1873
7. AGE: 61 Years 11 Months 6 Days
   If LESS than 1 day, hrs., or min.

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

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

10. Date deceased last worked at this occupation (month and year): Oct 11, 1935
11. Total time (years) spent in this occupation: 1935

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

13. NAME: Magruder Deut
14. BIRTHPLACE (city or town): Md.
   (State or country)

15. MAIDEN NAME: Florence Parker
16. BIRTHPLACE (city or town): Md.
   (State or country)

17. INFORMANT (Address): John Deut, md

18. BURIAL, CREMATION, OR REMOVAL:
   Arlington National Cem., Oct 25, 1938

19. UNDERTAKER (Address): W. S. Morgan, M. D.

20. FILED: 10/27, 1938
   Register.

21. DATE OF DEATH: October 26, 1935

   I last saw him alive on Oct 4, 1935; death is said to have occurred on the date stated above, at 6 a.m.

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

   Other Contributory Causes of Importance:

   Name of operation:
   Date of:
   What was 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): W. S. Morgan, M. D.
   (Address): Washington, D.C.

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.

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

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

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

1. PLACE OF DEATH
   County: Prince George's.  Registration Dist. No. 239
   Village or City: Laurel, Maryland.  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: 3 yrs.  mos.  ds.
   How long in U.S. or if of foreign birth? yrs.  mos.  ds.

2. FULL NAME: ELIZABETH DITTMAR
   (a) Residence: No. 3309 Ramona Ave., Baltimore, Md.
      (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female.  4. COLOR OR RACE: white.
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Curare the word) widow.
   5a. If married, widowed, or divorced HUSBAND OF (or) WIFE of John Dittmar (deceased)

6. DATE OF BIRTH (month, day, and year): Feb 13 1859

7. AGE: Years 76  Months 7  Days 26  IF LESS than 1 year, ___ hrs. or ___ mins.

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

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

10. Date deceased last worked at this occupation (month and year): 20 yrs. 11. Total time (years) spent in this occupation: ?

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

13. NAME: Unknown

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

15. MAIDEN NAME: Sarah Grindell.

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

17. INFORMANT: Clinical records, Laurel Sanitarium
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Oak Lawn.  Date: Oct. 12, 1935.

19. UNDERTAKER: Philip Horning, Inc.
   (Address)


MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: October 9 1935.

    I last saw her alive on Oct 9 1935, 19.; death is said to have occurred on the date stated above, at 6:30 p.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Cerebral hemorrhage 1 hour

Other Contributory Causes of Importance:

Senile psychosis 4 years
Chronic myocarditis. indefinite

Name of operation: none.
What test confirmed diagnosis? clinical examination. Date of.
Was there an epilepsy? no.

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

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

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

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<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Silver Hill, Md.
   Length of residence in city or town where death occurred: Life

2. FULL NAME: Francis W. Silvers, Downes
   Residence: Anacostia, D.C., 14 4

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Oct 3 1875
   Age: 60

7. OCCUPATION: Teacher

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Self

10. Date deceased last worked at this occupation (month, day, year): Dec 18 1935
   Total time (years) spent in this occupation: 16

11. Date of operation: 1935
   Name of operation: 21. DATE OF DEATH
   Date of onset: Oct 19, 1935

12. BIRTHPLACE (city or town): St. Mary's Co., Md.
   State or country:

13. NAME: Robert Downes

14. BIRTHPLACE (city or town): St. Mary's Co., Md.
   State or country:

15. MAIDEN NAME: Alice Graves

16. BIRTHPLACE (city or town): St. Mary's Co., Md.
   State or country:

17. INFORMANT: Mary Louisa Downes
   Address: Anacostia, D.C.

18. BURIAL, CREMATION, OR REMOVAL: St. Barnabas, D.C.
   Date: 18 12 1935

19. UNDERTAKER: W. W. Deal
   Address: 87 W. 16 H.

20. FILED: Oct 20, 1935

REGISTRAR: J. O. Minnars

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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</tr>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
Gallstones | May 1, 1925 |

Example II

<table>
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<th>The principal cause of death and related causes of importance were as follows:</th>
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<td>Run over by street car</td>
<td></td>
</tr>
<tr>
<td>Peritonitis</td>
<td></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: ____________
   Village or City: ____________

2. FULL NAME
   Full Name: ____________

3. PERSONAL AND STATISTICAL PARTICULARS
   Sex: Male
   Color or Race: Col
   Marital Status: Married

4. DATE OF DEATH
   Date: Oct 4, 1935

5. MEDICAL CERTIFICATE OF DEATH
   I hereby certify that I attended deceased from
   Sept 29, 1935, to Oct 4, 1935. I last saw him alive on Oct 4, 1935; death is said
   to have occurred on the date stated above, at 3:30 P.M.
   The principal cause of death and related causes of importance
   were as follows:

   Branch Pneumonia

Other Contributory Causes of Importance:

6. OCCUPATION
   Trade, profession, or particular
   kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Occupation: Harrowing

7. DATE OF BIRTH (month, day, and year)
   Birth Date: Dec 1, 1891

8. AGE
   Years: 42
   Months: 10
   Days: 3

9. DATE OF DEATH (month, day, and year)
   Death Date: Oct 4, 1935

10. Date deceased last worked at
    Occupation: Harrowing

11. Total time (years)
    Spent in this occupation: 17 years

12. BIRTHPLACE (city or town)
    Birthplace: Nottingham, MD

13. NAME
    Full Name: ____________

14. MAIDEN NAME
    Maiden Name: ____________

15. MOBERN NAME
    Mother's Name: ____________

16. INFORMANT
    Informant: ____________

17. INFORMANT
    Address: ____________

18. BURIAL, CREMATION, OR REMOVAL
    Place: Brooks Church
    Date: Oct 6, 1935

19. UNDERTAKER
    Address: Ritchie Bros

20. FILED
    Date: Oct 6, 1935

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<tr>
<td>Arteriosclerosis</td>
<td>Nov 7, 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>

**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:

| Gallstones | May 1, 1923 |

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Hyattsville
   No. 12 Pepwey St.
   Length of residence in city or town where death occurred: 2 yrs.

2. FULL NAME: Normajanne Fletcher
   (a) Residence: No. 12 Pepwey St.
   If U.S. Veteran specify WAR:

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Nov. 18, 1930
   7. AGE: 4 yrs. 10 mos. 18 days

8. TRADE, PROFESSION, OR PARTicular Kind of work done, as SPINNER,
   SAWYER, BOOKKEEPER, etc.
   9. OCCUPATION: Domestic

10. DATE DECEASED LAST WORKED AT this occupation (month and year): Nov. 18, 1930

12. BIRTHPLACE (city or town): Philomath, Idaho
   13. NAME: Tobies Fletcher
   14. BIRTHPLACE (city or town): Bladensburg, Md.
   15. MAIDEN NAME: Eva Smith
   16. BIRTHPLACE (city or town): Kansas City, Kansas

17. INFORMANT: Eva Fletcher
   18. BURIAL, CREMATION, OR REMOVAL Marks: Bladensburg, Md.
   19. UNDERTAKER: F. Sanders, Sons

20. FILED: Oct. 8th, 1935

21. DATE OF DEATH: Act. 6, 1935


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

   Cause of death: Influenza
   Date of onset: October 6, 1935

   Other Contributory Causes of importance:
   A Case of catarrh, in the family. A Case of incontinence, in the family.
   Other: There was no other disease.

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:
   Nature of Injury:
   Manner of Injury:
   Health officer called but did not
   Health officer called but did not

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

   Signed: M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
United States Standard Certificate of Death

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Additional space for further statements by physician.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Hyattsville
   Registration Dist. No.: 24.5
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. If of foreign birth: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. (Usual place of abode)
   St., Ward: Washington, D.C.
   If U.S. Veteran, specify War:

3. PERSONAL AND STATISTICAL PARTICULARS
   3a. Sex: Female
   3b. Marital Status: Widow
   3c. If married, widow, or divorced: Husband of (or Wife of)
   4. Color or Race: White
   5. Single, Married, Widowed, or Divorced: Widow

4. OCCUPATION
   Ocupation: Retired Clerk

5. DATE OF DEATH
   Date: October 9, 1935

6. DATE OF BIRTH
   Month, Day, and Year: July 10, 1856

7. AGE
   Years: 79
   Months: 3
   Days: 0
   If less than 1 year, state in days, hours, or minutes.

8. TRADE, PROFESSION, OR PROFESSIONAL KING OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, ETC., OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.
   Occupation: Retired Clerk

9. Date deceased last worked at this occupation, month and year: July

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

11. NAME
    (Father) Name of Father: William White

12. MOTHER
    (State or country): Va.

13. MAIDEN NAME
    (State or country): Maryland

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

15. INFORMANT
    (Address): Hyattsville, Md.

16. BURIAL, CREMATION, OR REMOVAL
    Place: Hyattsville, Md.
    Date: Oct. 11, 1935

17. UNDERTAKER
    (Address): W. H. Law, W. H. Law

18. DATE OF ISSUE
    Date of Issue: Oct. 9, 1935

19. MEDICAL CERTIFICATE OF DEATH
    Date of Assault: Oct. 30, 1935

20. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
    Pulmonary Disease

21. Cause of Death:
    Acute cardiac decompensation

22. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
    Pulmonary Disease

23. DATE OF DEATH:
    Date of Death: Oct. 9, 1935

24. Name of Operation:
    Date of Operation: 1935

25. What test confirmed diagnosis?:
    Date of Test:

26. If death was due to external causes (VALENTINE) fill in also the following:
    Date of Injury:
    Nature of Injury:

27. WHERE DID INJURY OCCUR?
    (Specify city or town, county, and state)

28. If so, specify:

29. Signature of Physician:
    M.D.

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

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

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

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

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

1. PLACE OF DEATH
   County: Prince Geo.
   Village or City: Laurel, Md.
   No. ____________________________
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Year, mo., ds. ____________
   How long in U.S. If of foreign birth? ____________ yrs. ____________ mos. ____________
   If U.S. Veteran specify WAR.

2. FULL NAME
   (a) Residence: No.

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year): May 24, 1877.

   7. AGE: 58 yrs. 4 mos. 23 days

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

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

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

   13. NAME: Ida Agnes J. Freisig

   15. MAIDEN NAME: Foster

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

   17. INFORMANT (Address): Frank Freisig, Laurel, Md.


   21. DATE OF DEATH: 10/2/1935

   22. I HEREBY CERTIFY, That I attended deceased from 10/1/1935 to 10/2/1935.

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

   Myocarditis - Acute

   Other Contributory Causes of importance:

   Central Hemorrhage, edema

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

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

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<tr>
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<tr>
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset:</td>
<td>Date of onset:</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Nov 8, 1925</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX  
   4. COLOR OR RACE  
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
   6. DATE OF BIRTH (month, day, and year)  
   7. AGE  
   Years  
   Months  
   Days  
   If LESS than 1 day, hrs. or min.  
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
   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  
   (Address)  
   18. BURIAL, CREMATION, OR REMOVAL  
   Place  
   Date.  
   19. UNDERTAKER  
   (Address)  
   20. FILED  
   No.  
   21. DATE OF DEATH  
   (Month)  
   (Day)  
   (Year)  
   22. I HEREBY CERTIFY that I attended deceased from  
   23. The principal cause of death and related causes of importance were as follows:  
   24. If death was due to external causes (VIOLENCE) fill in also the following:  
   25. Where did injury occur?  
   (Specify city or town, county, and State)  
   26. Manner of injury  
   27. Nature of injury  
   28. Whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE  
   29. Disease or injury in any way related to occupation of deceased?  
   30. If so, specify  
   (Signed)  
   (Address)  
   (MD)  

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

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

To be complete, an occupation return must state:
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10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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

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Example I

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1938</td>
</tr>
</tbody>
</table>

Example II

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
</tr>
</thead>
<tbody>
<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...: George
Village or City...: East Columbia Park
No. St. ___________________ Ward ____________________________
Length of residence in city or town where death occurred...: 27 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. East Columbia Park St. ___________________ Ward ____________________________

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH...: Dec. 17, 1868

7. AGE...: 66 yrs. 9 mos. 25 days

8. Trade, profession, or particular kind of work done...: SAW MILL, BANK, etc.

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

10. Date deceased last worked at this occupation...: Date of onset...:

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

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

13. NAME...: John B. Crowley

14. BIRTHPLACE (city or town)...: Washington, D.C.

15. MAIDEN NAME...: Isabella Murphy

16. BIRTHPLACE (city or town)...: Washington, D.C.

17. INFORMANT...: Mrs. Julia S. Biscoe, East Columbia Park, Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL...: Washington, D.C.


20. FILED...: Dec. 13, 1905, Mrs. F. de Prevere, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH...: Oct. 12, 1905

22. I HEREBY CERTIFY...: Oct. 11, 1905...: Oct. 12, 1905...: 1905

I last saw deceased alive on Oct. 12, 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:

Cerebral Hemorrhage

Other Contributory Causes of Importance:

Date of Operation...: Date of Diagnosis...:

If a disease was the cause of death...:

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...:

If disease or injury in any way related to occupation of deceased...:

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

If so, specify...:

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

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

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

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

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

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

1. PLACE OF DEATH
County: Prince George
Village or City: Clinton
St., Ward: 
Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   OR WIFE OF: Married
   OR HUSBAND OF: 

6. DATE OF BIRTH (month, day, and year): Nov. 25, 1885
7. AGE: Years: 47
   Months: 10
   Days: 10
   If LESS than
   I day, . . . . . . hrs.
   or . . . . . . min.

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

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

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

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

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

13. NAME: Brent Brown

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

15. MAIDEN NAME: Eleanor Hawkins

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

17. INFORMANT:
   (Address): 

18. BURIAL, CREMATION OR REMAIN:
   Place: 
   Date: Oct. 7, 1937

19. UNDERTAKER:
   (Address): 

20. FILE:
   Oct. 15, 1937

MEDICAL CERTIFICATE OF DEATH


22. I HEREBY CERTIFY, That I attended deceased from
   , to
   , 1937

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Natural Causes:
   Heart Disease, known in.
   Others Contributory Causes of Importance:
   N e n e a i d a n a n , n e , n .

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

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

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

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

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

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

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<table>
<thead>
<tr>
<th>Cause of death</th>
<th>Date of onset</th>
<th>Cause of death</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>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, 1928</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Example II

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

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Cedar Heights
   Registration Dist. No.: 6411
   No: 6411
   Huron St., Ward: 44 St., Ward: 44
   Length of residence in city or town where death occurred: yrs: 3
   mos: 3
   ds: 0
   How long in U.S. if of foreign birth: yrs: 0
   mos: 0

2. FULL NAME
   (a) Residence: No. 1575 26th N.W. St., Ward: Washington D.C.
   (Usual place of abode)
   Residence: No. 1575 26th N.W. St., Ward: Washington D.C.
   Last name: Johnson
   First name: Felice
   Initial: J

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Give one word)
   Widowed

6. DATE OF BIRTH (month, day, and year)
   June 23, 1905

7. AGE
   Years: 30
   Month: 4
   Days: 6

8. Trade, profession, or particular kind of work done, as Spinner.
   Mechanic

9. Industry or business in which work was done, as SILK MILL
   Automobil

10. Date deceased last worked at this occupation (month and year)
    June 23, 1935

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

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

13. NAME OF FATHER
    Johnson

14. BIRTHPLACE (city or town)
    Montgomery County, Maryland

15. MAIDEN NAME
    Williams Laura

16. BIRTHPLACE (city or town)
    Montgomery County, Maryland

17. INFORMANT (Address)
    Johnson Felita Howard

18. BURIAL, CREMATION, OR REMOVAL
    Place: 6411 Huron St., Date: Oct 28, 1935

19. UNDERTAKER
    Henry A. Washington

20. FILED
    Oct 28, 1935

21. DATE OF DEATH
    October 29, 1935

22. I HEREBY CERTIFY
    That I attended deceased from Oct 26, 1935 to Oct 28, 1935
    I last saw him alive on Oct 26, 1935; death is said to have occurred on date stated above, at 5:40 a.m.

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

24. Other Contributory Causes of Importance:

25. Name of operation:

26. What test confirmed diagnosis?

27. Was there an autopsy?

28. Accident, suicide, or homicide?

29. Date of Injuries:

30. Where did injury occur?

31. Specify whether injury occurred in industry, in public place, or in public place:

32. Manner of injury:

33. Nature of injury:

34. Disease or injury in any way related to occupation of deceased?

35. Signed:
    Theodore Pincusky
    M.D.
    812-44 8th St., W.D.C.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 5.
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, saw factory, cotton mill, etc.

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

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

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<th>The principal cause of death and related causes of importance were as follows:</th>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones                                                                                                                               | May 1, 1928   |

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

Other contributory causes of importance:

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

1. PLACE OF DEATH

County: Prince George
Village or City: District Heights
(If death occurred in a hospital or institution, give its NAME instead of street and number)

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

2. FULL NAME: Lucille Johnson
(a) Residence: No. 1720 St., Ward.

3. SEX: F. (Female)

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid. (Widowed)

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

6. DATE OF BIRTH (month, day, and year): Dec. 12, 1916

7. AGE: 18 yrs. 22 mos. 19 days

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

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): Med. Co.

13. NAME: Jerry Ward

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

15. MAIDEN NAME: Eliza Hawkins

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

17. INFORMANT (Address): Eliza Ward

18. BURIAL, CREMATION, OR REMOVAL PLACE: Forestville, Date 11/3

19. UNDERTAKER: Harry J. Washington

20. FILED: Nov. 2, 1935


I last saw him alive on Oct. 27, 1935; death is said to have occurred on the date stated above, at 3 A.M.

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

Date of onset: 1934

Other Contributory Causes of Importance:

Name of operation: None

Date of operation: None

What test confirmed diagnosis? None

Was there an autopsy? None

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

Accident, suicide, or homicide? No

Date of Injury: None

Where did injury occur? None

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

Manner of Injury: None

Nature of injury: None

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

If so, specify: None

Signature: Theodore Pinckney, M.D.

Address: 812-44, 8th N.E., D.C.
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 house work, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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<table>
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<th>Date of onset</th>
<th>Example II</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>DEC 8, 1929</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
| Gallstones | May 1, 1925 |
| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Authorized file under Pinkney, 2-14-36
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince George
   Village or City: Newburg
   Registration Dist. No. 1446
   No. St., Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Anna Belle Johnson
   Residence: No. 340 Ninth St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married
   Husband or Wife of: William Johnson

6. DATE OF BIRTH
   June 25, 1901

7. AGE
   Years: 34
   Months: 3
   Days: 18
   IF LESS THAN 1 day, hours, or minutes:

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

9. OCCUPATION
   Homemaker

10. Date deceased last worked at this occupation (month and year): Jan 1, 1935

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

12. BIRTHPLACE (city or town)
   Brunswick, Maryland

13. NAME
   James A. Johnson

14. BIRTHPLACE (city or town)
   Washington, D.C.

15. MAIDEN NAME
   Charles Merling

16. BIRTHPLACE (city or town)
   Brunswick, Maryland

17. INFORMANT
   William Johnson

18. BURIAL, CREMATION, OR REMOVAL
   Place: Washington, D.C.
   Date: Oct. 13, 1935

19. Undertaker
   M. H. Chappel Co.

20. FILED
   Oct. 13, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   October 13, 1935

22. I HEREBY CERTIFY
   That I attended deceased from
   I last saw him alive on Oct. 13, 1935, death is said
   to have occurred on the date stated above, at 12:00 m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   
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 Inury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury
   Nature of injury

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

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<table>
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<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
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<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<tr>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1928 | Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________
1. PLACE OF DEATH
   County PRINCE GEORGE
   Village or City ROGERS H.T.
   Length of residence in city or town where death occurred... ... yrs. ... mos. ... ds.

2. FULL NAME Fred Edgar Judson
   If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year) May 11, 1860
7. AGE Years 75
   Months 1
   Days 12
   If LESS than 1 day, ... hrs. or ... min.

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

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

10. Date deceased last worked at this occupation (month and year) 1939
11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) Battle Creek, Mich.
   (State or country)

13. NAME Marley Judson
14. BIRTHPLACE (city or town) Battle Creek, Mich.
   (State or country)

15. MAIDEN NAME Sarah Reed

16. BIRTHPLACE (city or town) Battle Creek, Mich.
   (State or country)

17. INFORMANT Ella Hardin Judson
    (Address) Rogers St., St.

18. BURIAL, CREMATION, OR REMOVAL
    Place: South Elgin, Ill. Date: Oct. 21, 1939

19. UNDERTAKER Address
    C. George Jones
    Peoria, Ill.

21. DATE OF DEATH (Month) Oct. 23
   (Day) 1939
   (Year)

   I last saw him alive on Oct. 3, 1939; death is said to have occurred on the date stated above, at 3 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Bronchopneumonia

   Date of onset Oct. 23, 1939

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

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

MEDICAL CERTIFICATE OF DEATH

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

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

To be complete, an occupation return must state:
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9. The industry or business in which the work was done.
10. The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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

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

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**Example I**

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

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

### 2. FULL NAME
- Surname: [Fill in]
- Given Names: [Fill in]
- Occupation: [Fill in]
- Usual place of abode: [Fill in]

### PERSONAL AND STATISTICAL PARTICULARS

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

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH
- Month: [Fill in]
- Day: [Fill in]
- Year: [Fill in]

#### 22. I HEREBY CERTIFY
- That I attended deceased from [Fill in]
- I last saw deceased alive on [Fill in]
- Death is said to have occurred on the date stated above, at [Fill in]

#### The Principal Cause of Death and Related Causes of Importance Were as Follows:
- [Fill in]

### Other Contributory Causes of Importance:
- [Fill in]
- [Fill in]

### 23. If death was due to external causes (VIOLENCE) fill in also the following:
- Accident, suicide, or homicide? [Fill in]
- Date of Injury: [Fill in]
- 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 DEATH
- [Fill in]

### NATURE OF INJURY
- [Fill in]

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

### 11. Total time (years) spent in this occupation:
- [Fill in]

### 10. Date deceased last worked at this occupation (month end year):
- [Fill in]

### 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
- [Fill in]

### 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
- [Fill in]

### 7. AGE
- Years: [Fill in]
- Months: [Fill in]
- Days: [Fill in]

### 6. DATE OF BIRTH (month, day, year):
- [Fill in]

### 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
- [Fill in]

### 4. COLOR OR RACE
- [Fill in]

### 3. SEX
- [Fill in]
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

1. PLACE OF DEATH
   County: [illegible]
   Village or City: [illegible], MD
   Length of residence in city or town where death occurred: many yrs.
   Registration Dist. No.: 2
   No. University Hts. St., [illegible]
   Ward: [illegible]

2. FULL NAME
   (a) Residence: No. [illegible], [illegible], MD
   (Usual place of abode)
   If nonresident give city or town and State
   Personal and Statistical Particulars

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

   Birth of
   Husband of
   or Wife of

   6. DATE OF BIRTH (month, day, and year)
   July 6, 1881

   7. AGE
   Years: 48
   Months: 2
   Days: 29
   If LESS than 1 day, [illegible] hrs. or [illegible] min.

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

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

   10. Date deceased last worked at
   this occupation (month and year)
   June 13, 1935

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

   12. BIRTHPLACE (city or town)
   Davenport, Iowa, USA

   13. NAME
   Emmett Martin

   Mother

   14. BIRTHPLACE (city or town)
   State or country
   [illegible]

   15. MAIDEN NAME
   [illegible]

   16. BIRTHPLACE (city or town)
   State or country
   [illegible]

   17. INFORMANT
   Alfred R. Dail
   18. BURIAL, CREMATION, OR REMOVAL
   Place: Ft. Lincoln
   Date: Oct. 7, 1935

   19. UNDERTAKER
   F. Zuehls, Damm, Hyattsville, MD

   20. FILED
   Oct. 7, 1935
   Mrs. Jean Anderson
   (Address)

   21. DATE OF DEATH
   October 5, 1935

   22. I HEREBY CERTIFY That I attended deceased from
   Sept. 28, 1935, to Oct. 5, 1935; death is said
   to have occurred on the date stated above, at
   Davenport, IA.

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

   Carcinoma of
   Uterus
   May 5, 1935

   Other Contributory Causes of importance:

   Other

   Name of operation:
   Hysterectomy
   Date of Operation: Jan. 5, 1935
   Was there an autopsy: No

   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? [illegible]
   Where did injury occur? [illegible]
   Sp bem 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
   (Address)

   If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 2.
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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: Prince Georges County
   - Village or City: Hyattsville, Maryland
   - Length of residence: 22 yrs.
   - Registration Dist. No.: 225
   - Ward: 1st
   - If death occurred in a hospital or institution, give its NAME instead of street and number:

2. **FULL NAME**
   - Mary Columbia Meade
   - (a) Residence: 22 Silly Ave St., Hyattsville Md.

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Female
4. **COLOR OR RACE**
   - White
5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - Married
   - If married, widowed, or divorced: WIFE of
   - George C. Meade
6. **DATE OF BIRTH**
   - Oct 27, 1857
7. **AGE**
   - 78 yrs. 9 mos. 17 days
8. **OCCUPATION**
   - At Home
9. **DATE deceased last worked at this occupation**
   - Oct 10, 1935
10. **PLACE OF DEATH**
    - Baltimore, Md.
11. **DATE OF DEATH**
    - Oct 10, 1935
12. **BIRTHPLACE**
    - Virginia
13. **NAME**
    - Mary C. Meade
14. **BIRTHPLACE**
    - Pa.
15. **MAIDEN NAME**
    - Adeline Moxing
16. **BIRTHPLACE**
    - Pa.
17. **INFORMANT**
    - F. J. Meade
18. **BURIAL, CREMATION, OR REMOVAL**
    - Baltimore Cemetery
    - Place: Baltimore, Md.
    - Date: Oct 12, 1935
19. **UNTERRAKER**
    - P. Gasch's Sons
20. **FILED**
    - Oct 12, 1935

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Oct 10, 1935
22. **I HEREBY CERTIFY**
    - I last saw her alive on Oct 9, 1935; death is said to have occurred on the date stated above, at 6:30 P.M.
    - The PRINCIPAL CAUSE OF DEATH was as follows:
      - Cerebral Arteriosclerosis
      - Date of onset: 10/18/35
      - Date of death: 10/10/35

Other Contributory Causes of Importance:

- General Arthritis
- Diabetes
- Noma

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

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

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

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<td>July 15, 1927</td>
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| Other contributory causes of importance: | | Other contributory causes of importance: |
|---|---|
| Gallstones | May 1, 1923 |
| Gastroenteritis | 1 year |

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

## 1. PLACE OF DEATH
- **County**: Prince George's
- **Village or City**: Clinton
- **Registration Dist. No.**: 235

## 2. FULL NAME
- **Full Name**: David Miller
- **Residence**: Clinton, Md.

### PERSONAL AND STATISTICAL PARTICULARS

<table>
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<tr>
<th>3. SEX</th>
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<td>Male</td>
<td>White</td>
<td>Married</td>
</tr>
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### MEDICAL CERTIFICATE OF DEATH


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

| 23. If death was due to external causes (VIOLANCE) fill in also the following: |
| Accident, suicide, or homicide? | Date of Injury |

### OCCUPATION
- **Career**: Farmer
- **Date deceased last worked at this occupation**: Oct 1935
- **Total time spent in the occupation**: 5 yrs

### BIRTHPLACE
- **Father's Name**: Solomon Miller
- **Mother's Name**: Sara Miller

### Cause of Death
- **Principal Cause of Death**: Failure of heart from disease of hepatitis

### Contributory Causes of Importance
- **Physician's Diagnosis**: Acute cardiac disease

### BURIAL, CREMATION, OR REMOVAL
- **Place**: Wash. D. C.
- **Date**: Oct 16, 1935

### UNDERTAKER
- **Name**: B. Blauhausky

### FILED
- **Date**: Oct 16, 1935

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<td>Nov 7, 1935</td>
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<tr>
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</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
PLACE OF DEATH
County: ________
Village or City: ________

2 FULL NAME: Hannah E. Haynes

PERSONAL AND STATISTICAL PARTICULARS

SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female White Widow

DATE OF BIRTH
Month: June, Day: 26, Year: 1848

AGE
67 yrs. 3 mos. 8 da.

OCCUPATION
Housewife

BIRTHPLACE
West Virginia

NAME OF FATHER
John

BIRTHPLACE OF FATHER
W. Va

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

LENGTH OF RESIDENCE

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah Haynes
(Address) 184 Kid

PLACE OF BURIAL OR REMOVAL

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 237

DATE OF DEATH
Month: Dec, Day: 5, Year: 1935

I HEREBY CERTIFY, That I attended the deceased from June 6, 1935 to Dec 5, 1935 that I last saw him alive on Dec 5, 1935 and that death occurred on the date stated above, at 11:30 am.

CAUSE OF DEATH
Acute Carcinoma Dice.

CONTRIBUTORY
Secondary

(Contributor) (Duration) yrs. mos. da.

ADDRESS

If more blanks are needed, address State registrar, 16 W Saratoga St, Balto., requesting V. S. no. 1.
CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION—Precede statement of oc-

(Revised United States Standard)

(approved by U.S. Census and American Public

Health Association)

(Statement of Cause of Death—Name First, then the oc-

Statement of Occupation)

United States Standard

Death Certificate

(Registration Number)
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince George
   Village or City: Belair
   Length of residence in city or town where death occurred: yrs. 0 mos. 0

2. FULL NAME
   (Slittton) Heitzey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   October 1, 1935

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

8. Trade, profession, or particular kind of work done
   Child

9. Industry or business in which work was done
   Human

10. Date deceased last worked at this occupation
    October 1, 1935

11. Toilet time (years)
    0

12. BIRTHPLACE (city or town)
   Belair

13. NAME
    Sally H. Heitzey

14. BIRTHPLACE (city or town)
    Belair

15. MAIDEN NAME
    Wilhelma Smith

16. BIRTHPLACE (city or town)
    Belair

17. INFORMANT
    Wife

18. BURIAL, CREMATION, OR REMOVAL
    Place: Belair
    Date: Oct. 2, 1935

19. UNDERTAKER
    J. Pepper

20. FILED
    Oct. 2, 1935

21. DATE OF DEATH
    October 1, 1935

22. HEREBY CERTIFY, That I attended deceased from
    October 1, 1935, to
    1935.

23. If death was due to external causes (VIOLATION) fill in also the following:
    Accident, suicide, or homicide? No
    Date of Injury: Oct. 2, 1935
    Where did injury occur? Belair
    Manner of Injury:
    Nature of Injury:
    If so, specify: 0

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

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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<td>Chronic interstitial nephritis</td>
<td>1921</td>
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<td>July 5, 1927</td>
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<td>May 1, 1925</td>
</tr>
</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.
# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   - County: Prince Georges County
   - Village or City: Brentwood, Md

2. FULL NAME
   - Edward Nelson

3. PERSONAL AND STATISTICAL PARTICULARS
   - SEX: Male
   - OCCUPATION: Student
   - DATE OF DEATH: October 7, 1935

4. MEDICAL CERTIFICATE OF DEATH
   - Cause of Death: Cardiac failure

5. DATED AND FILED: October 8, 1935
   - Signed: Yoel M. Witek, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

2. FULL NAME
   Herbert Nelson
   Residence: No. Carroll University Drive
   If U.S. Veteran specify date and war:
   If nonresident give city or town and State:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   white

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

6. DATE OF BIRTH (month, day, year)
   Feb 10, 1898

7. AGE Years Months Days If LESS than
   60 yrs. 8 7

8. Trade, profession, or occupation
   Plasterer

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 spent in this occupation

12. BIRTHPLACE (city or town)
   Ireland

13. NAME
   James Nelson

14. BIRTHPLACE (city or town)
   Ireland

15. MAIDEN NAME
   Mary Shaw Nelson

16. BIRTHPLACE (city or town)
   Ireland

17. INFORMANT
   Ethel Mary Nelson

18. BURIAL, CREMATION, OR REMOVAL
   Place: Fort Lincoln
   Date: Oct 21, 1935

19. UNDERTAKER
   James E. Goddard

20. FILED Oct 20, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Oct 17, 1935

22. I HEREBY CERTIFY that I attended deceased from
    I last saw deceased on Oct 17, 1935.
    Death is said to have occurred on the date stated above, at 11:30 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:

    - Acute Carcinoma Uterina
    - Hemorrhagic Diathesis

    Other Contributory Causes of importance:
    Appendicitis acute
    Sept.
    Date of onset
    Date of death

    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) Dr. M. D.
    (Address)

If more blanks are needed, address State Registrar, 2401 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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| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1928 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

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Other contributory causes of importance:

Gallstones | May 1, 1923 |

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Other contributory causes of importance:

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Charles George
   Village or City: Laurel, Md.

2. FULL NAME
   First Name: Josephus
   Last Name: Ostmann

3. SEX
   Sex: Male

4. COLOR OR RACE
   Color: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Status: Single

6. DATE OF BIRTH (month, day, and year)
   Birth Date: 10/10/35

7. AGE
   Years: 40
   Months: 0
   Days: 0
   Total Time (years): 40

8. OCCUPATION
   Occupation: Silk Mill Worker

9. BIRTHPLACE (city or town)
   Birthplace: Washington, D.C.

10. MOTHER NAME
    Mother's Name: Mary C. Howard

11. BURIAL, CREMATION, OR REMOVAL
    Place: Union City Cemetery
    Date: Oct 3, 1935

12. INFORMANT
    Informant: Mary C. Howard

13. MEDICAL CERTIFICATE OF DEATH
    Date: 10/2, 1935

20. FILED
    Date: Oct 2, 1935
    Registrar: T. F. Swanson

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

Other contributory causes of importance:

**Example I**

| Gallstones | May 1, 1928 |

**Example II**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
County Prince George
Village or City Forestville

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

3. SEX
Male

4. COLOR OR RACE
White

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

6. DATE OF BIRTH (month, day, and year) Jan. 9-1870

7. AGE
Years 65
Months 9
Days 9

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

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) Brooklyn, New York
(State or country)

13. NAME William Petersen

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

15. MAIDEN NAME Jeanette Hauswith

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

17. INFORMANT Josephine Armstrong Petersen

18. BURIAL, CREMATION, OR REMOVAL Place Forestville, Ind. Date Oct. 21, 1935

19. UNDERTAKER Ritchie Brothers

20. FILED 11/20, 1935

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<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
   Village or City
   Length of residence in city or town where death occurred

2. FULL NAME
   (a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH
7. AGE

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

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

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

11. Total time (years) spent in this occupation

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

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

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

17. INFORMANT
   (Address)

18. BURIAL: CREMATION or REMOVAL
   Place: Date: 

19. UNDERTAKER
   (Address)

20. FILED
   (Address)

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

22. MEDICAL CERTIFICATE OF DEATH

   I HEREBY CERTIFY, That I attended deceased from
   ___________ to ___________, and attended death on
   ___________.

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

   Date of death: ___________.
   Other Contributory Causes of importance:

   Name of operation: ____________________________
   Name: ____________________________
   Date of: ___________.
   Was there an autopsy? Yes

   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: ____________________________

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

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

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

Example I

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

Other contributory causes of importance:

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

Example II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Thexibility is that the patient had a colon and the signs of hematuria and hematuria on the left upper quadrant confirm the conclusion. Signed.
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married
   HUSBAND OF: Elizabeth Adams Proctor

6. DATE OF BIRTH
   Month, day, and year: Sept. 5, 1896

7. AGE
   Years: 39
   Months: 11
   Days: 15

8. OCCUPATION
   Farmer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   (Silk Mill, Saw Mill, Bank, etc.)

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    (Month and year)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
    (State or country)

13. NAME
    Sylvester Proctor

14. BIRTHPLACE (CITY OR TOWN)
    (State or country)

15. MAIDEN NAME
    Margaret Proctor

16. BIRTHPLACE (CITY OR TOWN)
    (State or country)

17. INFORMANT
    Elizabeth Proctor

18. BURIAL, CREMATION, OR REMOVAL
    (Specify city or town, county, and state)

19. UNDERTAKER
    (Address)

20. FILED
    Oct. 1, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Month, day, and year: Oct. 30, 1935

22. I HEREBY CERTIFY that I attended deceased from
    Oct. 27, 1935, to Oct. 30, 1935, and that death is said
    to have occurred on the date stated above, at 12:00
    a.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?... Date of autopsy...

   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...

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

   If so, specify...

   (Signed)...
   M.D.

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County
Prince George

Village or City
Chesterfield

Registration Dist. No.
245

No. Rail Road Ave
1

St.

Ward

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

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

2. FULL NAME

Fannie Catherine Queen

U.S. Veteran specify WAR

(a) Residence: No.

No.

R. R. are Chesterfield St., 1

Ward.

(Used as place of birth)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

Colored

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

Married

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

Apr 10, 1913

7. AGE

Years
20

Months
11

Days
18

If LESS THAN 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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

Oct 27, 1935

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

1935

12. BIRTHPLACE (city or town)

Prince George Co.

(State or country)

13. NAME

Mose Ewell Johnson

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Fannie Johnson

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT (Address)

Charles F. Queen

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Mary's, Md

Date
Oct 30, 1935

19. UNDERTAKER (Address)

Charles F. Queen

20. FILED

Oct 28, 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 28

(Month)

1935

22. HEREBY CERTIFY that I attended deceased from

Oct 27, 1935

(Month and Date of death)

I last saw him alive on

Oct 28, 1935

It is said to have occurred on the date stated above, at

9:00 AM

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

Other Contributory Causes of importance:

Name of operation

Date of operation

What test confirmed diagnosis?

Date of death

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

Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county and State)

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

Manner of injury

Nature of Injury

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

If so, specify

(Signed)

M.D.

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---

**Example I**

<p>| The principal cause of death and related causes of importance were as follows: |</p>
<table>
<thead>
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<td>Arteriosclerosis</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
</tbody>
</table>

**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>
</tr>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

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

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

---

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince George
   Village or City: Olneyville
   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.
   Registration Dist. No.: 245
   No.: St.: Ward:

2. FULL NAME
   U.S. Veteran specify WAR.
   (a) Residence: No. (Usual place of abode)
   St.: Ward:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   HUSBAND OF
   (or) WIFE OF

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

7. AGE
   Years: 27
   Months: Days:
   If LESS than 1 day, hrs. or. min.
   Date deceased last worked at this occupation (month and year):

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):
   m.d.

13. NAME
   Charles F. Queen

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

15. MAIDEN NAME
   Fannie Catherine Johnson

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

17. INFORMANT
   (Address)
   Elzie F. Queen
   (military)

18. BURIAL, CREMATION, OR REMOVAL
   Place:
   Date:
   Oct. 27, 1935

19. UNDERTAKER
   (Address)
   F. Jache, John
   (military)

20. FILED
   Oct. 28, 1935
   M. L. (Signed)
   Registrar.

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

UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1915</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 6, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Anne Arundel
Registration Dist. No.: 215
Village or City: Hyattsville
No.: Sacred Heart Home
(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: 1 yrs. 0 mos. 0 ds.
How long in U.S. or of foreign birth: 1 yrs. 0 mos. 0 ds.

2. FULL NAME

Mary J. Schmuesele
(Usual place of abode)

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

SINGLE

6. DATE OF BIRTH

Oct. 13, 1856

7. AGE

Years: 78
Months: 11
Days: 25

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

Tailoring

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

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

1930

11. Total time (years) spent in this occupation

? YRS.

12. BIRTHPLACE

(State or country)

Va.

13. NAME

Conrad Schmuesele

14. BIRTHPLACE

(State or country)

Germany

15. MAIDEN NAME

Antoina Kirchbaun

16. BIRTHPLACE

(State or country)

Germany

17. INFORMANT

Marian Schmuesele
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place of interment: Sacred Heart Home
Date: Oct. 21, 1930

19. UNDERTAKER

T. H. Biddinger
(Address)

20. FILED

Oct. 28, 1935

If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

Example I

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

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>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: PRINCE GEORGE
   Village or City: LAUREL, MARYLAND
   Length of residence in city or town where death occurred: yrs. mos. days

2. FULL NAME: SUSAN MARKLAND SUPPLEE
   (a) Residence: No. Homewood Apts., Charles and 31 St., Baltimore, Md.
   (b) If nonresident give city or town and State: Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   5a. If married, widowed, or divorced: HUSBAND of (or) WIFE OF
      Col. Clay Supplee

4. COLOR OR RACE: White
   5b. If married, widowed, or divorced: Divorced

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (marry the word)
   5b. If married, widowed, or divorced: Divorced

6. DATE OF BIRTH (month, day, and year): Oct. 25, 1875.

7. AGE: 59
   Years: 59
   Months: 11
   Days: 20
   If LESS than 1 day, hrs. or. min.

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

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, 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).
    10. Date deceased last worked at this occupation (month and year).

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

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

13. NAME: Independent Kelly

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

15. MAIDEN NAME: Rittie Caroline Hammond

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

17. INFORMANT: Clinical records, Laurel Sanitarium
    (Address)

18. BURIAL, CREMATION, OR REMOVAL:
    Place: Laurel Park Cemetery
    Date: Oct. 12, 1935

19. UNDERTAKER: Mitchell & Sons, Inc.
    Address: 1412 St, Baltimore

    M. Conley, Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from
    Oct. 10, 1935, to Oct. 10, 1935,
    last saw him alive on Oct. 10, 1935, deceased, and death is said
to have occurred on the date stated above, at 2:30 P.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Acute Alcoholism
   Three days duration

   Other Contributory Causes of Importance:

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

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

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<td>Run over by street car</td>
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 year</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: Prince George
   Village or City: Upper Marlboro
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Henry H. Talbert
   Residence: Upper Marlboro
   Sex: Male
   Color or Race: White
   Single, Married, Widowed, or Divorced: Married
   HUSBAND: Florence Talbert
   Wife: Florence Talbert
   Date of Birth: Sept. 16 - 1862
   Age: 73 yrs. 0 mos. 18 days
   Occupation: Retired Farmer
   Date deceased last worked at this occupation: Oct. 6, 1935
   Total time spent in this occupation: 11 years
   Birthplace (city or town): Hanover County, Maryland
   Father's Name: William Talbert
   Maiden Name: Sarah Humphrey
   Mother's Name: Florence Talbert
   Informant: Florence Talbert
   Date: Oct. 6, 1935
   Undertaker: Ritchie Brothers
   Date of Filing: Oct. 5, 1935
   Registrar: Ralph G. Smith

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

6. DATE OF BIRTH (month, day, and year): Sept. 16 - 1862

7. AGE: 73 yrs. 0 mos. 18 days

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: None

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Oct. 6, 1935

11. TOTAL TIME (YEARS): 11

12. BIRTHPLACE (CITY OR TOWN): Hanover County, Maryland

13. NAME: Henry H. Talbert

14. BIRTHPLACE (CITY OR TOWN): Hanover County, Maryland

15. MAIDEN NAME: Sarah Humphrey

16. BIRTHPLACE (CITY OR TOWN): Hanover County, Maryland

17. INFORMANT: Florence Talbert

18. BURIAL, CREMATION, OR REMOVAL: Cremated

19. UNDERTAKER: Ritchie Brothers


23. If death was due to external causes (VIOLENCE) fill in also the following:
   Where did injury occur? (Specify city or town, county and State)
   Specifying whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
   Manner of injury:
   Nature of injury:
   Was there an autopsy?

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

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

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

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

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

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

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

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**Example I**

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>NOV 6 1935</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastric ulcer</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: Prince George’s
   Village or City: Meadow
   Registration Dist. No.: 230
   No. St., Ward
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred...yrs. mos. ds. How long in U.S. if of foreign birth?...yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Bordered

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   (or) WIFE of
   If married, widowed, or divorced
   HUSBAND of

6. DATE OF BIRTH (month, day, and year)
   OCT 20, 1935

7. AGE
   Still Born

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)
   Meadow

13. NAME
   William West Taylor

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

15. MAIDEN NAME
   Louise Greene

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

17. INFORMANT
   William West Taylor
   Address

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

19. UNDERTAKER
   William West Taylor

20. FILED
   Oct 21, 1935
   (Address)

21. DATE OF DEATH
   OCT 20
   (Month)
   1935
   (Year)

22. I HEREBY CERTIFY, That I attended deceased from 19...to 19...
   (Silva on, 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:
   M. Born
   Physician in attendance
   Date of onset

Other Contributory Causes of Importance:

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

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

Manner of injury
Nature of injury

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

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 morbld conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>NOV 5 1935</td>
</tr>
<tr>
<td></td>
<td>B U F F A L O V . S.</td>
</tr>
<tr>
<td></td>
<td>J U L Y 5 , 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td></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: University Park
   No. Registration Dist. No.
   St., Ward
   Name of street and number
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. or if foreign birth: yrs. mos. ds.

2. FULL NAME
   Martha Gladstone Temple
   (a) Residence: No. 109 Monroe Ave. (Usual place of abode)
   St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OF RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

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

6. DATE OF BIRTH (month, day, and year)
   Jan. 13, 1884

7. AGE
   Years: 51
   Months: 8
   Days: 22
   If LESS THAN 1 year old, hours or minutes.

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

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

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

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

12. BIRTHPLACE (city or town)
    Lee's Ferry
    State or country: Missouri

13. NAME
    Alexander Gladstone
    Breslau
    Canada

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

15. MAIDEN NAME
    Jenny Maxwell

16. BIRTHPLACE (city or town)
    Zanesville
    Ohio

17. INFORMANT (Address)
    C. E. Temple
    109 Monroe Ave, Hyattsville

18. BURIAL, CREMATION, OR REMOVAL
    Date: Oct. 1, 1936
    Place: Grace Church

19. UNDERTAKER
    Hyattsville Memorial

20. FILED
    Oct. 5, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Act. 5 Day 1936

   (Month) (Day) (Year)

   I HEREBY CERTIFY, That I attended deceased from
   May 15, 1933, to Oct. 5, 1936
   Mary
   I last saw h. W. alive on... Oct. 5, 1936
   death is said
   to have occurred on the date stated above, at... 7:24 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Sarcoma, cancer of fourth left side
   Other Contributory Causes of importance:
   Sarcoma primary in right side
   Rhinitis, ch.
   Name of operator: Martha Temple
   Date of... Oct. 5
   What test confirmed diagnosis? Lab
   Was there an autopsy? No

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

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

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<td>1921</td>
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<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

Registration Dist. No. 237

Place of Death:

County:

Village or City:

2. Full Name: Mary Olympic Freeman

Personal and Statistical Particulars:

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word):

6. Date of Birth: Feb 14, 1876

7. Age: 69 yrs. 7 mos. 27 days

8. Occupation:
   (a) Trade, profession or particular kind of work:
   Housewife

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

9. Birthplace:

   (State or country): Chas Co. Md

10. Name of Father:

    John Freeman

11. Birthplace of Father:

    (State or country): Chas Co. Md

12. Maiden Name of Mother:

    Anne Mary Austermeyer

13. Birthplace of Mother:

    (State or Country): Chas Co. Md

14. The above is true to the best of my knowledge:

    Informant: Alton Freeman

    Address: Aquasco.

15. Filed: Oct. 17, 1925

16. Date of Death: Oct 11, 1925

17. I hereby certify, that I attended the deceased from Oct 11 - 1925 to Oct 11, 1925, and that last saw him alive on Oct 11, 1925.

   The Cause of Death was as follows:

   Asthma

   Contributory
   Secondary

   Asthma, Rheumatism

   Signed:

   (Signature):

   (Address): Chas Co. Md

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

   At place of death yrs. mos. da.
   In the State yrs. mos. da.

   Where was disease contracted, if not at place of date, b?

   Former or usual residence:

   19. Place of Burial or Removal:

   Private Company

   Date of Burial: Oct 17, 1925

   Undertaker:

   Address:

If more blanks are needed, address State Registrar, 14 W. Saratoga St., Balt., requesting V. S. No. 1.
Statement of Occupation—Name First, the Description of Business, that is, may be included thus: "Yarn Shop, 6 yrs.", for persons who have no occupation.

(Adams) Mendellia,"
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince George.
   Village or City: Glenn Dale, MD.
   Length of residence: 13 yrs. 16 mos. 3 days.

2. FULL NAME
   Annie J. Vauhorn.
   Residence: Glenn Dale, MD.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5a. If married, widowed, or divorced
   (or) WIFE OF
   Robert A. Vauhorn

6. DATE OF BIRTH
   Sept. 14, 1858

7. AGE
   Years: 77
   Months: 1
   Days: 6

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

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

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

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

12. BIRTHPLACE
   (city or town): Fairborn, County

13. NAME
    Father: James H. Dodd

14. BIRTHPLACE
    (city or town): Va.

15. MOTHER NAME
    Catherine S. Smith

16. BIRTHPLACE
    (city or town): Va.

17. INFORMANT
    (Address): W. F. Perkins

18. BURIAL, CREMATION, OR REMOVAL
    Place: Perdue Chapel, Date Nov. 2, 1935

19. UNDERTAKER
    (Address): O. R. Sonn

20. FILED
    (Date): Oct. 31, 1935

21. DATE OF DEATH
    Oct. 30, 1935

22. I HEREBY CERTIFY
    I last saw her alive on Oct. 30, 1935; death is said to have occurred on the date stated above, at 6:30 p.m.

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

   Other Contributory Causes of Importance:
   Physician only saw patient half an hour before death

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

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

24. Was disease or injury in any way related to occupation of deceased?: None

   If so, specify
   (Signed): James H. Smith
   (Address): Glenn Dale, MD.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</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>Nov 4, 1955</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Bladensburg
   No. River Rd

2. FULL NAME
   Residence: No.
   Bladensburg, Md
   Adeline H. Hatton
   If U.S. Veteran specify WAR

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

5e. If married, widowed, or divorced
   HUSBAND or (or) WIFE of
   Johannes H. Hatton
   1866

6. DATE OF BIRTH
   Not Known

7. AGE
   Years
   Months
   Days
   69

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)
   North Carolina

13. NAME
   The H. Turner

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

15. MAIDEN NAME
   Hatton

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

17. INFORMANT
   J. H. Hatton
   Bladensburg, Md

18. BURIAL, CREMATION, OR REMOVAL
   Place: Bladensburg, Md
   Date: Oct 16, 1935

19. UNDERTAKER
   J. H. Turner
   Bladensburg, Md

20. FILED
   Oct 16, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Oct 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from
   Aug 1, 1935, to Oct 13, 1935,
   I last saw him alive on Oct 13, 1935, death is said
   to have occurred on the date stated above, et al. 9:40 p.m.

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

Mortality

Other Contributory Causes of importance:

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

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>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</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>
<tr>
<td>Example II</td>
</tr>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Date of onset</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: PRINCE GEORGES
- Village or City: LAUREL
- Length of residence in city or town where death occurred: 0 yrs. 2 mos. 0 ds.

## 2. FULL NAME
- DR. HORACE C. WHISLER
- Residence: Smithfield, West Virginia

## PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGED, MARRIED, WIDOWED, OR DIvORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>male</td>
<td>white</td>
<td>widowed</td>
</tr>
</tbody>
</table>

| 5a. If married, widowed, or divorced: |  

| 5b. If single, married, or widowed: |

| 5c. If single, married, or widowed: |

| 5d. If single, married, or widowed: |

| 5e. If single, married, or widowed: |

| 5f. If single, married, or widowed: |

| 5g. If single, married, or widowed: |

| 5h. If single, married, or widowed: |

| 5i. If single, married, or widowed: |

| 5j. If single, married, or widowed: |

| 5k. If single, married, or widowed: |

| 5l. If single, married, or widowed: |

| 5m. If single, married, or widowed: |

| 5n. If single, married, or widowed: |

| 5o. If single, married, or widowed: |

| 5p. If single, married, or widowed: |

| 5q. If single, married, or widowed: |

| 5r. If single, married, or widowed: |

| 5s. If single, married, or widowed: |

| 5t. If single, married, or widowed: |

| 5u. If single, married, or widowed: |

| 5v. If single, married, or widowed: |

| 5w. If single, married, or widowed: |

| 5x. If single, married, or widowed: |

| 5y. If single, married, or widowed: |

| 5z. If single, married, or widowed: |


## 6. DATE OF BIRTH
- (month, day, and year): January 25, 1858

## 7. AGE
- Years: 87
- Months: 6
- Days: 1

## 8. TRADE, PROFESSION, OR PARTICULAR OCCUPATION
- PHYSICIAN

## 9. OCCUPATION
- MEDICAL PRACTITIONER

## 10. DATE DECEASED LAST WORKED AT
- (month and year): 1920

## 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
- 40 years

## 12. BIRTHPLACE (CITY OR TOWN)
- New Brighton, Penna.

## 13. NAME
- Horace Clinton Whisler

## 14. BIRTHPLACE (CITY OR TOWN)
- Penna.

## 15. MAIDEN NAME
- Agnes Jackson

## 16. BIRTHPLACE (CITY OR TOWN)
- Penna.

## 17. INFORMANT
- Clinical records, Laurel Sanitarium

## 18. BURIAL, CREMATION, OR REMOVAL

## 19. UNDERTAKER
- M. B. Rose

## 20. FILED
- Oct. 14, 1935

## MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
<th>October 14, 1935</th>
</tr>
</thead>
</table>

## 22. I HEREBY CERTIFY
- I last saw him alive on Oct. 14, 1935; death is said to have occurred on the date stated above, at 7:15 P.M.

## PRINCIPAL CAUSE OF DEATH
- Intestinal Atony

## OTHER CONTRIBUTORY CAUSE OF IMPORTANCE
- Chronic Myocarditis
- Senile Psychosis

## NAME OF OPERATION
- Date of operation:
- What test confirmed diagnosis:
- Where was there an autopsy:
- 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:
- Disease or injury in any way related to occupation of deceased:
- If so, specify:

## SIGNED
- J. B. Allen 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**

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**Example I**

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 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>
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<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>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Prince George Co.
Village or City: Upper Marlboro, Md.

2. FULL NAME
Mary Eunice Wilson

3. SEX
Female

4. COLOR OR RACE
White

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

6. DATE OF DEATH
(Month) 1
(Day) 1935
(Year)

7. DATE OF BIRTH
(month, day, and year) Sept 25, 1849

8. OCCUPATION

9. OTHER

10. Total time (years) spent in this occupation (month and year)

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

12. BIRTHPLACE (city or town)

13. NAME
James Smith Theare

14. BIRTHPLACE (city or town)

15. MAIDEN NAME
Eunice Nodge Theare

16. BIRTHPLACE (city or town)

17. INFORMANT
Helen F. Wilson

18. BURIAL, CREMATION, OR REMOVAL
Place: Upper Marlboro
Date: Oct 3 1935

19. UNDERTAKER
Ritchie Bros

20. FILED
1935

21. MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY, That I attended deceased from
Dec 1 1935 to Dec 1 1935.

22. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

23. IF DEATH WAS DUE TO EXTERNAL CAUSES
Accident, suicide, or homicide?

Where did injury occur?

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

Other Contributory Causes of importance:

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

If so, specify:

25. SIGNATURE

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Example I

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<tr>
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<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. **PLACE OF DEATH**
   - County: Prince George
   - Village or City: Mitchellville
   - Registration Dist. No.: 24-6 2

2. **FULL NAME**
   - Name: Lou Ella Wood
   - Residence: Mitchellville, Md.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: F
   - COLOR OR RACE: W
   - MARRIED, WIDOWED, OR DIVORCED: Maned
   - HUSBAND OF: Thos. Lee Wood
   - DATE OF BIRTH: 1871
   - AGE: 64

4. **OCCUPATION**
   - Trade, profession, or particular kind of work done: Housewife
   - Industry or business in which work was done: Housewife

5. **DATE OF DEATH**
   - Month: Oct
   - Day: 25
   - Year: 1935

6. **DATE OF DEATH**
   - Date deceased last worked: March 1935

7. **DEATH CERTIFICATE**
   - Date of onset: Feb 1
   - Cause of death: Congenital defect

8. **OTHER CONTRIBUTORY CAUSES**
   - Date of onset: Feb 1
   - Cause of death: Congenital defect

9. **MOTHER**
   - Name: Virginia
   - Maiden name: Wood

10. **FATHER**
    - Name: John

11. **BIRTHPLACE**
    - City or town: Mitchellville
    - State or country: Md.

12. **INFORMANT**
    - Name: John Newkirk
    - Address: Mitchellville, Md.

13. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Mitchellville, Md.
    - Date: Oct 20, 1935

14. **UNDERTAKER**
    - Name: W. C. Chambers Co.

15. **FILED**
    - Date: Oct 25, 1935

If more blanks are needed, address State Registrar, 2441 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 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>Nov 8, 1925</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, 1928 |

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

| | |
| | |