**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Worcester
   - Village or City: Snow Hill

2. **FULL NAME**
   - Name: Annie J. Allen

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: Nov
   - Day: 29
   - Year: 1866

7. **AGE**
   - Years: 69
   - Months: 1
   - Days: 27

8. **OCCUPATION**
   - Housewife

9. **Date deceased last worked at this occupation (month and year)**
   - Oct 1865

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

11. **BIRTHPLACE**
    - City or town: Snow Hill
    - State or country: Maryland

12. **NAME**
    - Father: John M. Allen

13. **MAIDEN NAME**
    - Mary J. Critto

14. **INFORMANT**
    - Name: Edna H. Whitney
    - Address: Snow Hill, MD

15. **SEX**
    - Female

16. **COLOR OR RACE**
    - White

17. **BIRTHPLACE**
    - City or town: Snow Hill
    - State or country: Maryland

18. **DATE OF DEATH**
    - Month: Jan
    - Day: 26
    - Year: 1936

19. **I HEREBY CERTIFY**
    - That I attended deceased from Oct 28, 1935, to Jan 26, 1936, and was last seen alive on Jan 25, 1936, death is said to have occurred on the date stated above at 4:30 a.m.

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

    - Other Contributory Causes of Importance:

20. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Snow Hill
    - Date: Jan 28, 1936

21. **UNDERTAKER**
    - Name: John H. Whitney
    - Address: Snow Hill, MD

22. **FILED**
    - Date: 12-28-1936

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

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

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

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

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

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

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

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

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

1. PLACE OF DEATH
   - County: Worcester
   - Village or City: Snow Hill
   - No., St., Ward:  
   - Length of residence in city or town where death occurred: 12 yrs. mos. ds.
   - How long in U.S. If of foreign birth: yrs. mos. ds.

2. FULL NAME
   - Elizabeth Armstrong
   - If U.S. Veteran, specify WAR:  

   (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 DISSOLVED (Write the word)
   - Widowed

6. DATE OF BIRTH (month, day, and year)
   - Aug 12, 1861

7. AGE
   - Years: 74
   - Months: 5
   - Days: 6

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

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

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

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

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

13. NAME
   - William Armstrong

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

15. MAIDEN NAME
   - Don't Know

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

17. INFORMANT
   - Gilbert Redden
   - (Address) Snow Hill MD

18. BURIAL CREMATION, OR REMOVAL
   - Place
   - By: Dr. Henry L. C. Date: January 20, 1936

19. UNOERTAKER
   - Snow Hill Mortuary

20. FILED
   - 1/20, 1936

21. DATE OF DEATH
   - January 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/30, 1935, 11/17, 1936

I last saw him... alive on 11/23, 1935; death is said to have occurred on the date stated above, at 12 A.M.,

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

   Pneumonia

Other Contributory Causes of importance:

   Tuberculosis of Lung

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

Was there an autopsy:  

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

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

   (Address)  

   (Signed)  

   (M.D.)

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

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<td>Peritonitis</td>
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<td>Other contributory causes of importance:</td>
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<tr>
<td>Gallstones</td>
<td>Gastroenteritis</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: Worcester
   Village or City: New Berlin
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female
   If married, widowed, or divorced HUSBAND of
   (or) WIFE of

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH
   (Month) Jan. 25
   (Day) 1936
   (Year)

7. AGE
   Years: 80
   Months: 0
   Days: 0
   If LESS than 1 year, _ _ _ _ _ _ hrs.
   or _ _ _ _ _ _ min.

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

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

10. 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)
    Near Girardin

13. NAME
    (Male)
    Oscar Barno

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

15. MAIDEN NAME
    Ruth Yarowe

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

17. INFORMANT
    Oscar Barno
    (Address)
    Near Girardin, Va.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Family Cemetery
    Date: Jan. 25, 1936

19. UNDERTAKER
    (Address)
    Schiller Bros.

20. FILED
    (Month) 1/27
    (Year) 1936
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) Jan. 25
    (Day) 1936
    (Year)

22. I HEREBY CERTIFY, That I attended deceased from

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

[Signature]

Other Contributory Causes of Importance:

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

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

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

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

Manner of injury
Nature of injury

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

RECEIVED
FEB 4, 1926

V. S.
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Worcester
   - Village or City: Pocomoke City, P. F. D.
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME** Anna May Bivins
   - Residence: No. St., Ward.
   - If U. S. Veteran specify WAR: No.

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. <strong>SEX</strong> F</td>
<td>21. <strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td>4. <strong>COLOR OR RACE</strong> Colored</td>
<td>January (Month) 4. (Day) 1936 (Year)</td>
</tr>
<tr>
<td>5. <strong>SINGLE, MARRIED, WIDOWED, OR DIVORCED</strong> Single</td>
<td></td>
</tr>
</tbody>
</table>

3a. If married, widowed, or divorced
   - HUSBAND of (or) WIFE of

6. **DATE OF BIRTH** (month, day, and year): July 29, 1936

7. **AGE**
   - Years: 5
   - Months: 7
   - Days: If less than 1 day, hrs. or min.

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

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): Worcester County, Maryland

13. **NAME** Gus Bivins

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

15. **MAIDEN NAME** Mary Eliza Cottman

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

17. **INFORMANT** Gus Bivins
   - (Address): Pocomoke City, R. F. D.

18. **BURIAL, CREMATION, OR REMOVAL**
   - Tinley Chapel Somerset, Co. Md. Date: Jan. 5, 1936.

19. **UNDER TAKER** Ballard Bros.
   - (Address): Pocomoke City, Maryland

20. **FILED** Jan. 4, 1936

22. **I HEREBY CERTIFY**
    - That I attended deceased from 19... to 19...
    - Last saw deceased alive on 19...; death is said to have occurred on the date stated above, at 5 A.M.
    - The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

    - From history the child had a very bad cold for several days probably Bronchial Phrenia
    - Cause of death: No physician in attendance

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

**Registrar**

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 7.
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### Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

### Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Ste. Maria's

2. FULL NAME
   Susan J. Beader
   Residence: No. 7 St. Michaels Rd.

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH
   Day: 1
   Month: June
   Year: 1862

7. AGE
   Years: 24
   Months: 0
   Days: 0

8. OCCUPATION
   Housewife

9. DATE DECEASED LAST WORKED AT THIS OCCUPATION
   Month: June
   Year: 1862

10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    Years: 13

11. MEDICAL CERTIFICATE OF DEATH
    I HEREBY CERTIFY That I attended deceased from
    June 11, 1862, to June 25, 1862, and that I last saw her alive on
    June 28, 1862. I certify that death is hereby declared to have occurred on the date stated above, et al.

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

   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   None

   Name of operation...
   Date of...
   What test confirmed diagnosis?...
   Date...
   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, town, county and state)

   Men's injury...
   Nature of injury...

   24. IF DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED:
   If so, specify
   (Signed)
   (Address)

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

Example I

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

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

Other contributory causes of importance:

Gallstones | May 1, 1923 |

Example II

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

| 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: Worcester
   Village or City: Snow Hill
   No. __________ Street, ________ Ward
   Length of residence in city or town where death occurred: ________ yrs. ________ mos. ________ ds.

2. FULL NAME
   (a) Residence: No. ________ St., ________ Ward
   (b) If U.S. Veteran, specify WAR: ________

   Personal and statistical particulars
   SEX: Male
   Color or Race: White
   Single, Married, Widowed, or Divorced: Widowed

   6. DATE OF BIRTH (month, day, and year)
      Dec. 14, 1851

   7. AGE Years: ________ Months: ________ Days: ________

   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)
       Jan. 1, 1926

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

   12. BIRTHPLACE (city or town)
       Maryland

   13. NAME: Isaac Bowen

   14. BIRTHPLACE (city or town)
       Maryland

   15. MAIDEN NAME: Mira Bradford

   16. BIRTHPLACE (city or town)
       Maryland

   17. INFORMANT
       (Address) Snow Hill MD

   18. BURIAL, CREMATION, OR REMOVAL
       (Address) Snow Hill MD
       Date: Jul. 1, 1936

   19. UNDERTAKER
       (Address) Snow Hill MD

   20. FILED
       130-F, 1936. LeRoy Green

   Registration Dist. No. 351

   Medical Certificate of Death
   Date of Death: January 30, 1936

   I hereby certify that I attended deceased from ________ to ________ (day, month, year)
   and last saw him alive on ________ (day, month, year), ________ death is said to have occurred on the date stated above, at ________ A.M.
   The principal cause of death and related causes of importance were as follows:
   Broncho-pneumonia

   Other Contributory Causes of importance:

   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.

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Example I

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEB 4, 1930</td>
<td>Arteriosclerosis</td>
</tr>
<tr>
<td></td>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td></td>
<td>Cerebral hemorrhage</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County: Wicomico
Registration Dist. No.: 355
Village or City: Berlin, Md.
No. St., Ward
Length of residence in city or town where death occurred: 14 yrs. 1 mos. ds.
(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: 14 yrs. 1 mos. ds.
How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Julius Bowen
(a) Residence: No. 118, Berlin, Md.
(Urban or rural residence)
If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

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

Sept. 5, 1922

7. AGE

13 yrs. 5 mos. 23 days

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

Sept. 5, 1922

7. AGE

13 yrs. 5 mos. 23 days

8. TRADE, profassion, or particular kind of work done as SPINNER, SAwyER, BOOKKEEPER, etc.


d. O. B. Bowen

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

Saw Mill, Bank, etc.

10. Date deceased last worked at this occupation

Jan. 29, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(Maryland)

13. NAME

Samuel Bowen

14. BIRTHPLACE (city or town)

(Maryland)

15. MAIDEN NAME

Fannie Harwood

16. BIRTHPLACE (city or town)

(Maryland)

17. INFORMANT

Samuel Bowen

18. BURIAL, CREMATION, OR REMOVAL

St. Paul's, Jan. 31, 1936

19. Undertaker

J. B. Pierson

20. FILED

Jan. 31, 1936

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 3, 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: Worcester
   Village or City: Berlin, Md.

2. FULL NAME: Leonard Briggs
   (a) Residence: No. Berlin, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White

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

6. DATE OF BIRTH (month, day, and year): 1848
7. AGE Years: 78
   Months: 11
   Days: 11

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

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

10. Date deceased last worked at this occupation (month and year): 1922
11. Total time (years) spent in this occupation: 1922

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

13. NAME: McKennon

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

15. MAIDEN NAME: McKennon

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

17. INFORMANT: John McKennon
   (Address:)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Cemetery
   Date: Jan. 15, 1936

19. UNDERTAKER: J. B. Woodrow
   (Address:)

20. FILED: Jan. 13, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) Jan
   (Day) 11
   (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to Jan 11, 1936. I last saw him alive on Jan 11, 1936; death is said to have occurred on the date stated above, at 3 p.m.

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

   Date of onset: Jan 3, 1936

Other Contributory Causes of importance:

   Nama of operation:
   Date of:
   What test confirmed diagnosis?:
   Name:
   Wes than an autopsy?:

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

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify:
   (Signed) C. M. McKennon
   (Address:)
   Date: Jan 13, 1936
   Registr.
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 homemaker, 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>
<tr>
<td>Date of onset:</td>
<td>Date of onset:</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset:</td>
<td>Date of onset:</td>
</tr>
<tr>
<td>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: Worcester
   Village or City: Pocomoke City
   Registration Dist. No. 360
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Name: Hattie May Brittingham
   If U. S. Veteran, specify WAR:
   Residence No.: (Usual place of abode)
   St., Ward:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   May 28, 1922

7. AGE
   Years: 37
   Months: 7
   Days: 25

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

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

10. Date deceased last worked at this occupation (month and year)
    June 12

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

12. BIRTHPLACE (city or town)
    Birthplace: Maryland

13. NAME
    Name: Lloyd Brittingham

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

15. MAIDEN NAME
    Maiden Name: Louise Ollier

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

17. INFORMANT (Address)
    Informant: Mrs. E. Brittingham

18. BURIAL, CREMATION, OR REMOVAL
    Place of interment: Jan. 14, 1936

19. UNDERTAKER
    Address:

20. FILED
    Date: Jan. 24, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) 7
    (Day) 27
    (Year) 1936

22. I HEREBY CERTIFY that I attended deceased from
    Jan. 12 to Jan. 27, 1936; death occurred at
    9:15 A.M., death said to have occurred on the date stated above at

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

Paraesophageal T. B. about

Other Contributory Causes of importance:

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

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

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

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

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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by streetcar</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>[Date of onset: Feb 3, 1926]</td>
<td>[Date of onset: 1 week ago]</td>
</tr>
<tr>
<td>[Date of onset: July 5, 1927]</td>
<td>[Date of onset: 3 days ago]</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>[Date of onset: May 1, 1923]</td>
<td>[Date of onset: 1 year]</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - **County:** Worcester
   - **Village or City:** Pocomoke City, R.P.D. #2
   - **Length of residence in city or town where death occurred:** 2 yrs. 2 mos.

2. **FULL NAME:** Lola E. Brittingham
   - **(a) Residence:** No. 2602 Sylburn St., Ave., Ward.

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEX</strong></td>
</tr>
<tr>
<td><strong>COLOR OR RACE</strong></td>
</tr>
<tr>
<td><strong>SINGLE, MARRIED, WIDOWED, OR DIVORCED</strong></td>
</tr>
<tr>
<td><strong>If married, widowed, or divorced:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DATE OF DEATH</strong></td>
</tr>
<tr>
<td><strong>January</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>OCCUPATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Housewife</td>
</tr>
</tbody>
</table>

| **DATE** |
| Jan 1936 |

| **PLACE** |
| Pocomoke City, Maryland |

| **BIRTHPLACE** |
| Worcester County, Maryland |

| **MAIDEN NAME** |
| Mary J. Blades |

| **INFORMANT** |
| Mrs. Alfred Hayman |

| **BURIAL, CREMATION, OR REMOVAL** |
| Baptist Cemetery, Jan. 17th, 1936 |

| **UNDERTAKER** |
| Pocomoke City, Maryland |

| **FILED** |
| Jan. 17, 1936 |

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

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

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>FEB 2 1936</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:

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

---

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

Patient was dead on my arrival, having eaten breakfast and immediately died. From the appearance of the woman she had a thrombus. The veins on the right side of the neck were very much distended also up along the face.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Pecaton
   Village or City: Chicago
   Length of residence in city or town where death occurred: yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

   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
   If LESS THAN 1 year, write
   1 day, hours, or minutes.

   8. Trade, profession, or occupation

   9. Industry or business

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

   11. Total time (years) spent in this occupation

   12. BIRTHPLACE (city or town)

   13. NAME
   14. BIRTHPLACE (State or country)

   15. MAIDEN NAME

   16. BIRTHPLACE (State or country)

   17. INFORMANT

   18. BURIAL, CREMATION, OR REMOVAL

   19. UNDERTAKER

   20. FILED

21. DATE OF DEATH
   Month, Day, Year

   I HEREBY CERTIFY, That I attended deceased from

   I last saw him alive on

   to

   death said to have occurred on the date stated above, at

   The Principal Cause of Death and related causes of importance were as follows:

   Other Contributory Causes of importance:

   Name of operation

   What test confirmed diagnosis?

   Was there an autopsy?

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

   Accident, suicide, or homicide?

   Date of Injury

   Where did injury occur?

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

   Manner of Injury

   Nature of Injury

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

   If so, specify

   Date of onset

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<td>Attack of epilepsy</td>
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<tr>
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset 1916</td>
<td>Date of onset</td>
</tr>
<tr>
<td>FEB 6 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>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: Worcester
   Village or City: Pocomoke City
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Levin Thomas Davis
   Residence: No. (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year): July 24th, 1848
   7. AGE: 87 yrs. 5 mos. 17 ds.

   8. Trade, profession, or particular kind of work done: Farmer (Retired)

   9. OCCUPATION: Farmer

   10. Date deceased last worked at this occupation: 1924

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

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

   13. NAME: John Davis

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

   15. MAIDEN NAME: Elizabeth Powell

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

   17. INFORMANT: Mrs. Henry C. Flemming
       (Address): Pocomoke City, Maryland

   18. BURIAL, CREMATION, OR REMOVAL
       Place: Pocomoke City
       Date: Jan. 12th, 1936

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

   20. FILED: Jan. 11, 1935

   Registration Dist. No.: 350

   If U. S. Veteran, specify WAR:...

   If nonresident give city or town and State:...

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: Pocomoke City, January 10th, 1936
       (Month) (Day) (Year)

   22. I HEREBY CERTIFY: That I attended deceased from
       1/8/36 to 1/10/36, 1936

   I last saw deceased alive on 1/9/36, 1936; death is said
to have occurred on the date stated above, of...

   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? Yes/No
   Date of...:...
   Was there an autopsy?: Yes/No

   23. If death was due to external causes (VIOLENCE) fill in also the following:
       Accident, suicide, or homicide?: Yes/No
       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? Yes/No
       If so, specify...

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

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**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

Location of residence in city or town where death occurred

No. St., Ward

Length of residence in city or town where death occurred

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

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

Married

WHITE

Wife of

Wittie Duy

DATE OF BIRTH (month, day, and year)

Jan 19, 1835

7. AGE

Years

Months

Days

80 11 4

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

9. OCCUPATION

10. Date deceased last worked at... 1928

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

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Jonathan Duy

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Mary Hudson

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER (Address)

20. FILED... Jan 24, 1936

Reg. & Certified By

R. P. Collins, M.D.

21. DATE OF DEATH

Jan 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to Jan 23, 1936.

I last saw him alive on Jan 28, 1936, death is said to have occurred on the date stated above, at 8:10 P.M.

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

Acute yellow atrophy of the liver, Chronic nephritis, Definite cancer of the stomach, Other contributory causes of importance:

Name of operation...

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

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

Date of injury...

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)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Date of onset:

- Arteriosclerosis: 1915
- Chronic interstitial nephritis: 1921
- Cerebral hemorrhage: July 5, 1927
- Gallstones: May 1, 1923
- Attack of epilepsy: 1 week ago
- Run over by street car: 1 week ago
- Peritonitis: 3 days ago
- Gastroenteritis: 1 year

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

1. PLACE OF DEATH
   - County: Worcester
   - Village or City: P.O. Pocomoke City, P.O. No.
   - Registration Dist. No.
   - St., Ward
   - Length of residence in city or town where death occurred:

2. FULL NAME
   - (a) Residence: No.
   - (Usual place of abode)
   - John C. Fishin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   - Male

4. COLOR OR RACE
   - Caucasian

5a. If married, widowed, or divorced
   - Husband or Wife of
   - Leah Fishin

6. DATE OF BIRTH (month, day, and year)
   - Feb. 7, 1849

7. AGE
   - Years: 87
   - Months: 12
   - Days: 0

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

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)
   - Not known

13. NAME
   - George Fishin

14. BIRTHPLACE (city or town) (State or country)
   - Not known

15. MAIDEN NAME
   - Elizabeth Griffin

16. BIRTHPLACE (city or town) (State or country)
   - Not known

17. INFORMANT
   - Sarah Broadwater

18. BURIAL, CREMATION, OR REMOVAL
   - Place: Wardlaw
   - Date: Jan. 4, 1936

19. UNDERTAKER
   - J. A. Sheldrake

20. FILED
   - Jan. 4, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   - Jan. 7, 1936

22. I HEREBY CERTIFY
   - That I attended deceased from Dec. 21, 1935, to Jan. 7, 1936

   - I last saw him alive on Dec. 21, 1935; death is said to have occurred on the date stated above, at 2 a.m.

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

   - [Handwritten notes]

   - Date of onset

   - Other Contributory Causes of importance:

   - [Handwritten notes]

   - Name 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

   - 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?

   - [Handwritten notes]

   - [Signature] M. D. (Address)

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<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1916</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: FEB 6 1926</td>
<td></td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1925</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

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

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

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

6. DATE OF BIRTH (month, day, and year)
   Mar. 9, 1913

7. AGE:
   Years: 22
   Months: 9
   Days: 0
   If LESS than 1 days, hrs., or min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   Geo. J. Whitman

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

15. MAIDEN NAME
   Elizabeth Squibb

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

17. INFORMANT
   Geo. W. Whitman
   Address

18. BURIAL, CREMATION, OR REMOVAL
   Place: Ind.
   Date: Jan. 8, 1934

19. UNDERTAKER
   John Bostwick
   Address

20. FILED
   Jan. 8, 1934
   St. of Registry
   Registrar

21. DATE OF DEATH
   Month: Jan.
   Day: 17
   Year: 1934

22. WHERE DEATHE occurred
   From Jan. 9, 1934, to Jan. 14, 1934

23. I HEREBY CERTIFY
    that I attended deceased from

24. The principal cause of death and related causes of importance

   (Sign)

   Other Contributory Causes of importance:

   Name of operation:
   Date of:
   What test confirmed diagnosis:
   Date of:
   Where did injury occur:
   (Specify city or town, county and State)
   Nature of injury:

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

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

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

To be complete, an occupation return must state:

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

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<table>
<thead>
<tr>
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<th>Example II</th>
</tr>
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<tbody>
<tr>
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<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>FEB 4 1925</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<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>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   (a) Residence: No. Ocean City, Md. St., Ward.
   Full Name: Lelia Harmon

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

   6. DATE OF BIRTH (month, day, and year): 1899
   7. AGE Years: 37
      Months: Unknown
      Days: Unknown

   OCCUPATION: House-girl

   11. Total Time (years) spent in this occupation: 15 yrs.

3. MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: Jan. 13th, 1936
   22. I HEREBY CERTIFY, That I attended deceased from
   19__ to 19__.
   The PRINCIPAL CAUSE OF DEATH was:
   Natural Causes
   Heart Attack

   23. Was disease or injury in any way related to occupation of deceased?
   Yes
   If yes, specify (Signed) Dr. E. C. B. E. M. D.

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

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

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Rehoboth City
   No. R.F.D: 1
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Silt Hayward
   If U.S. Veteran, specify WAR:...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

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

6. DATE OF BIRTH (month, day, and year)
   Jan 11, 1843

7. AGE
   About 93

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.
   Tailor

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.
   Tailor

10. Date deceased last worked at this occupation (month and year)
    1843

11. Total time (years) spent in this occupation
    1843

12. BIRTHPLACE (city or town)
    (State or country)
    1843

13. NAME
    Silt

14. BIRTHPLACE (city or town)
    (State or country)
    1843

15. MAIDEN NAME
   ...

16. BIRTHPLACE (city or town)
    (State or country)
    1843

17. INFORMANT
    (Address)
   ...

18. BURIAL, CREMATION, OR REMOVAL
    Place:...
    Date: Jan 11, 1843

19. UNDERTAKER
    (Address)
   ...

20. FILED
    Jan 11, 1936

21. DATE OF DEATH
    Jan 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from...
    Jan 11, 1936

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

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

M.D.

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

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<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>FEB 3, 1900</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Handwritten text not clearly legible]
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

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

2. **FULL NAME**: Thompson J. Henderson
   - Residence: No. (Usual place of abode)

   **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Male
   - **COLOR OR RACE**: White
   - **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)**: Widower

   5a. If married, widowed, or divorced
   - **HUSBAND OF**: Amelia A. Henderson
   - **WIFE OF**:

   6. **DATE OF BIRTH** (month, day, and year): April 7th, 1854

   7. **AGE** (Years, Months, Days): 81 8 27

   8. **OCCUPATION**: Retired Railroad Employee

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

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

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

   13. **NAME**: James Henderson

   14. **FATHER**

   15. **MAIDEN NAME**: Elizabeth Milbourne

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

   17. **INFORMANT**: Mrs. Sisera J. Ellis, Pocomoke City, Maryland

   18. **BURIAL, CREMATION, OR REMOVAL**
      - Place: Pocomoke City
      - Date: Jan. 5th, 1936

   19. **UNOVERTAKEN**: Vernon S. Steverson
      - Address: Pocomoke City, Maryland

   20. **FILED** (month, day, year): Jan. 5th, 1936

3. **DATE OF DEATH**: Pocomoke City, January 3rd, 1936
   - **TIME**: 12:00 A.M.
   - **PRINCIPAL CAUSE OF DEATH**: Acute Bronchitis

   **MEDICAL CERTIFICATE OF DEATH**
   - **21. DATE OF DEATH**: (Month) January 3rd, 1936
   - **22. I HEREBY CERTIFY**: That I attended deceased from:
     - **Cause**: Acute Bronchitis
     - **Date of onset**

   **Other Contributory Causes of importance**:

   **Acute Bronchitis**

   **Name of operation**
   - **Date of**
   - **What was the confirmed diagnosis**?
   - **Was there an autopsy**?

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

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

   **If so, specify**
   - **(Signed)**
   - **M.D.**

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore. Requesting U. S. No. 1.
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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: Worcester, Md. No. ____________________________
   Village or City: Bishopville, Md. St., ____________________________
   (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: 5 yrs. __________ mos. ______
   ds. How long in U.S. if of foreign birth? yrs. __________ mos. ______

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

3. SEX: Female
4. COLOR OR RACE: White

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

5a. If married, widowed, or divorced
   HUSBAND of (or) WIFE of
   I7enny Hickman

6. DATE OF BIRTH: (month, day, and year)
   Oct 6-1853

7. AGE: 87 yrs. ___ mos. ___

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, day, year): 1879

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

12. BIRTHPLACE: (city or town) Md.

13. NAME: Milben Beauchampa

14. BIRTHPLACE: (city or town) Md.

15. MAIDEN NAME: Ann Vandene

16. BIRTHPLACE: (city or town) Md.

17. INFORMANT: Mrs. Ann. Banks
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Bishopville, Date: Jan 20, 1936

19. UNDERTAKER: R.W. Slater
   (Address)

20. FILED: Jan 20, 1936

21. DATE OF DEATH
   (Month) Jan
   (Day) 18
   (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
   Jan 17, 1936, to Jan 18, 1936.
   I last saw her alive on Jan 17, 1936.
   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:
   Coronary Thrombosis

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, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE
   Manner of injury
   Nature of Injury

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

(Signed) ____________ M. D.
(Address) Berlin, Md.

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

Other contributory causes of importance:

Gallstones | May 1, 1933 | 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: Washington
   Village or City: New York
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME: Amanda Jackson
   Residence: New York
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed
   HUSBAND of (or) WIFE of: Jacob Smith
6. DATE OF BIRTH: 1849-Dec 26
7. AGE: 86 yrs.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, etc.:
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): 1834
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 70 yrs.

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN): Maryland
   (STATE OR COUNTRY)
13. NAME: George Jackson
   MOTHER/FATHER: Margaret
14. BIRTHPLACE (CITY OR TOWN): Maryland
   (STATE OR COUNTRY)
15. MAIDEN NAME: Margaret
16. BIRTHPLACE (CITY OR TOWN): Maryland
   (STATE OR COUNTRY)
17. INFORMANT: Mrs. John Jackson
   (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL: Evergreen
   Place: Date: Jan. 4, 1930
19. UNOERTER: J.W. Burdick
   (ADDRESS)
20. FILED: Jan. 4, 1930

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: January 3, 1930
22. CAUSE OF DEATH:
   CHRONIC Nephritis
   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
   Accidents, suicide, or homicide?
   Date of injury:
   WHERE DID INJURY OCCUR?
   SPECIFY CITY OR TOWN, COUNTY, AND STATE
   MANNER OF INJURY
   NATURAL OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   IF SO, SPECIFY

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

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

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Example I

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

Other contributory causes of importance:

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

Example II

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

Other contributory causes of importance:

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

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

1. **PLACE OF DEATH**
   - County: Worcester
   - Village or City: Berlin
   - Length of residence in city or town: 60 yrs., 8 mos., 29 days

2. **FULL NAME**
   - Surname: Lockwood
   - Given Name: Thomas

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word or words)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td>Married</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced HUSBAND of
6. **DATE OF BIRTH** (month, day, and year): Mar. 6, 1861
7. **AGE** (years, months, and days): 60 yrs., 8 mos., 29 days

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

8. **OCCUPATION**
   - Harvester

12. **BIRTHPLACE** (city or town) and (state or country): Berlin, Md.

13. **NAME**

14. **BIRTHPLACE** (city or town) and (state or country): Md.

15. **MAIDEN NAME**

16. **BIRTHPLACE** (city or town) and (state or country): Md.

18. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Berlin Chapel
   - Date: Jan. 9, 1936

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - (Month) and (Day): Jan. 5
   - (Year): 1936

22. **I HEREBY CERTIFY**

   1. I last saw the deceased alive on Jan. 4, 1936.
   2. The cause of death is stated on the date stated above, at 5:45 am.

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

**MANNER OF DEATH**

**NATURE OF INJURY**

**UNDEUTER**

**FILED**

[Signature]

**REGISTRAR**

---

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<tr>
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<th>Date of onset</th>
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<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 |

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: Worcester
   Village or City: Snow Hill
   Length of residence in city or town where death occurred: yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. (Usual place of abode)
   (b) If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE

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

6. DATE OF BIRTH (month, day, and year)
   Jul. 1, 1905

7. AGE
   Years: 21
   Months: 11
   Days: 18

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

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

10. Date deceased last worked at this occupation (month and year)
    Jan. 1936

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

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

13. NAME
    Thomas Mason

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

15. MAIDEN NAME
    Laura Buckett

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

17. INFORMANT
    Thomas Mason
    (Address)

18. BURIAL, CREMATION OR REMOVAL
    Place: Carl Spring, Am.
    Date: Jan. 28, 1936

19. UNDERTAKER
    (Address)

20. FILED
    1/26, 1936

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

Other contributory causes of importance:

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

### Example 2

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


**STATE OF MARYLAND—CERTIFICATE OF DEATH**

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

2. **FULL NAME**
   - George H. B. Payne

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Male
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Married
   - Date of Birth: July 29, 1878
   - Age: 57 years, 2 months, 25 days
   - Occupation: Bookkeeper
   - Date deceased last worked: June 27, 1938
   - Total time (years) spent in this occupation: 30 years
   - Birthplace: Indiana
   - Father's Name: John M. Payne
   - Mother's Name: Mary L. Simmons
   - Informant: Mrs. Addie Payne
   - Burial, Cremation, or Removal: Interred
   - Undertaker: J. B. Burton
   - Filed: December 27, 1938

**MEDICAL CERTIFICATE OF DEATH**

- **DATE OF DEATH**: January 26, 1938
- **Cause of Death**: Pulmonary E.R.B.

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

- Name of operation: 
- Date of:
- What test confirmed diagnosis?: 
- Date of injury: 19
- Where did injury occur?: (Specify city or town, county and State)
- Nature of injury: 
- Manner of injury: 
- Who performed the autopsy?:
- Date of:

23. **If death was due to external causes (violence)**
   - Accident, suicide, or homicide?: Date of injury: 19
   - Where did injury occur?: (Specify city or town, county and State)

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

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<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
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<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 | Other contributory causes of importance: | Gastroenteritis | 1 year |

**Example II**

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

1. **PLACE OF DEATH**
   - County: Worcester
   - Village or City: Pocomoke City, R.F.D. # 2
   - Registration Dist. No.: 350
   - If death occurred in a hospital, give its NAME instead of street and number.

2. **FULL NAME**
   - Name: Reynolds

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - (a) Residence: No.
   - (b) If U.S. Veteran, specify WAR: No.

4. **SEX**
   - Male

5. **COLOR OR RACE**
   - Colored

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

7. **DATE OF BIRTH**
   - Month: January
   - Day: 26
   - Year: 1936

8. **AGE**
   - Years: 1
   - Months: 11

9. **OCCUPATION**
   - Occupation: Dr. Crichter

10. **DATE OF DEATH**
    - Date: January 26, 1936

11. **CAUSE OF DEATH**
    - From Information I get from Dr. Crichter the probable cause of death was starvation.

12. **BIRTHPLACE**
    - City or Town: Worcester County
    - State or Country: Maryland

13. **NAME**
    - Father: Clarence Jones

14. **FATHER**
    - Birthplace: Virginia

15. **MAIDEN NAME**
    - Mother: Ruth Reynolds

16. **MOTHER**
    - Birthplace: Maryland

17. **INFORMANT**
    - Address: Sallie Reynolds, Pocomoke City, Md. R.F.D.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: St James Cemetery, Worcester County, Md.

19. **UNDEUTAKER**
    - Address: Laush Hall, Pocomoke City, R.F.D. # 2

20. **FILED**
    - Date: Jan. 27, 1936

21. **MEDICAL CERTIFICATE OF DEATH**
    - I HEREBY CERTIFY that I attended deceased from never saw child.

22. **DATE OF ONSET**
    - Date of Onset: 1936

23. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - None

24. **SIGNATURE**
    - Registrar: John T. Reiley, M.D.
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</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><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>FEB 8, 1926</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 6, 1927</td>
<td>8 days ago</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>Gastroenteritis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></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: Worcester
   Village or City: Berlin

2. FULL NAME
   (a) Residence No.: 864
   Place of abode: Berlin

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH
   June 28, 1865

7. AGE
   Years: 67
   Months: 5
   Days: 12
   If less than 1 day, ___ hrs. or ___ min.

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

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

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

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

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

13. NAME
    John E. Rodgers

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

15. MAIDEN NAME
    Elizabeth Rodgers

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

17. INFORMANT
    (Address)
    John W. Richardson

18. BURIAL CREATION, OR REMOVAL
    Place of Burial: Berlin
    Date: Jan 12, 1936

19. UNDERTAKER
    (Address)
    Wallis & Son

20. FILED
    Jan 12, 1936

REGISTRATION DIST. No. 352

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, that I attended deceased from
    July 25, 1936, to Jan 12, 1936; death is said to have occurred on the date stated above, at ___ m.

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

Pulmonary Tuberculosis

23. Other Contributory Causes of importance:

Name of operation

What last confirmed diagnosis?___

Date of...

Was there an autopsy?

If so, specify

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

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

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

Menstruation

Nature of injury

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

No

If so, specify

(Signed) Dr. J. T. Parsons, M.D.

Registrar.

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

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

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

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

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

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

### Example I

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

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th></th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<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: Dorchester
Village or City: Nine Mile Creek
No. of Road: No. 10
St., Ward: St., Ward.
Length of residence in city or town where death occurred: yrs. mos. ds.
How long in U. S. if foreign birth?: yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 43
(usual place of abode)

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

5b. If married, widowed, or divorced

WIFE of

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

Jan 10 - 1912

7. AGE

Years: 3
Months: 7
Days: 18
If less than
1 day, hrs.
or
min.

8. TRADE, PROFESSION, OR PARTICULAR

OCCUPATION

MEDICAL CERTIFICATE OF DEATH

9. Industry or business in which

work was done, as SILK MILL, SAW MILL, BANK, etc.

Jan 10, 1936

Jan 14 - 1936

11. Total time (years)

spent in this
occupation
3 yrs.

12. BIRTHPLACE (city or town)

(State or country)

Maryland

13. NAME

Thomas K. Ritchie

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Carron Pull

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

Thomas K. Ritchie

18. BURIAL, CREMATION, OR Cremation

Reedman, County, Date: Jan 19 - 1936

Place.

19. UNDERTAKER

P. D. Harkins

20. FILED

Jan 31, 1936

Registrar

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

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

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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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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>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes</td>
<td>The principal cause of death and</td>
</tr>
<tr>
<td>of importance were as follows:</td>
<td>related causes of importance were</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>as follows:</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Run over by street car</td>
</tr>
<tr>
<td></td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of</td>
</tr>
<tr>
<td>Gallstones</td>
<td>importance:</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</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 5, 1927</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</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: Worcester
   Village or City: Pocomoke City, R.F.D. #3
   Registration Dist. No. 36

2. FULL NAME
   Pearl Elizabeth Schoolfield
   If U. S. Veteran, specify WAR: no
   (a) Residence: No. ____________ (Usual place of abode)

3. SEX
   Female
   If married, widowed, or divorced
   HUSBAND of (or) WIFE of

4. COLOR OR RACE
   Colored
   Occupation

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

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

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) ________
    Total time (years) spent in this occupation ________

11. BIRTHPLACE (city or town)
    Worcester County, Maryland

12. NAME
    William Reynolds

13. FATHER
    Maryland

14. BIRTHPLACE (city or town)
    Maryland

15. MAIDEN NAME
    Rosa Schoolfield

16. BIRTHPLACE (city or town)
    Maryland

17. INFORMANT
    Raymond Schoolfield
    Pocomoke City, R.F.D. #3

18. BURIAL CREMATION, OR REMOVAL
    St. James Cemetery, Worcester County, Md.
    Date: Jan 20, 1936

19. UNDERTAKER
    (Grandfather) Raymond Schoolfield
    Pocomoke City, R.F.D. #3

20. FILED
    Jan 20, 1936

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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<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>Feb 2, 1920</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 |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

I did not see this child. From information I get from her Grandfather the child was very small at birth & he did not know whether it was a full term or premature birth and that the child has been very small and seemed always to be very weak and I would say the cause of death unknown.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County
Village or City
Registration Dist.
No.
Ward


2. FULL NAME
Stuckton Delly

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
Caucasian

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

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

6. DATE OF BIRTH (month, day, and year)
Jan. 18, 1936

7. AGE
Years
Months
Days

7. 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)
Stuckton, Md

(State or country)

13. NAME
Anderson Delly

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT
Leila Wilson

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place

Date

19. UNDERTAKER

(Address)

20. FILED

Jan. 18, 1926

Registrar

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

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Example I

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

Example II

<table>
<thead>
<tr>
<th>Cause of death</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
Gastroenteritis | 1 year

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

1. PLACE OF DEATH
   County. Worcester
   Village or City. Berlin
   Length of residence in city or town where death occurred. 25 yrs. mos. ds.

2. FULL NAME. Cyrus W. Selby
   (a) Residence: No. Berlin, MD.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced:
   HUSBAND OF. Alice Selby
   If nonresident give city or town and State

6. DATE OF BIRTH. December 1860
7. AGE. 75 Years 1 Months 12 Days
   If less than 1 day, hours, or minutes.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE. Retired
9. RESIDENCE. Retired

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

12. BIRTHPLACE. Maryland
   (State or country)

13. NAME. James Selby
14. BIRTHPLACE. Maryland
   (State or country)

15. MAIDEN NAME. Sally Harrison
16. BIRTHPLACE. Maryland
   (State or country)

17. INFORMANT. Mrs. Cyrus Selby
   (Address)

18. BURIAL, CREMATION, OR REMOVAL.
    Place. Berlin, MD.
    Date. Jan. 13, 1936

19. UNDERTAKER. J. W.Busy
    (Address)

20. FILED. Jan. 14, 1936

21. DATE OF DEATH. January 13th, 1936
   (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from December 30, 1935, to death.
    I saw him alive on January 13, 1936, death is said to have occurred on the date stated above, in the forenoon.
    The principal cause of death and related causes of importance were as follows:
    IMPATHYTIS (IN)
    AUricular fibrillation
    Cause of death: Pneumonia
    Date of onset: Jan. 1

23. OTHER CONSIDERATIONS.
   Official 
   Physician: Dec. 13, 1936
   Name of operation.
   Date of operation:
   What test confirmed diagnosis.
   Tarb. Was there an autopsy.
   Where did injury occur.
   (Specify city or town, county and state)
   Specify whether injury occurred in industry, in home, or in public place.
   Nature of injury.
   Nature of injury.

24. WERE 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.
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<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>Attack of epilepsy</td>
</tr>
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<td>Run over by street car</td>
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<tr>
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<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Snow Hill
   Length of residence in city or town where death occurred: 16 yrs.

2. FULL NAME
   Ida Belle Shockley

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   April 17, 1869

7. AGE
   Years: 66
   Months: 0
   Days: 26
   If less than
   If more than
   1 day, . . . . hrs.
   or . . . . min.

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

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

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

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

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

13. NAME
    Thomas Williams

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

15. MAIDEN NAME
    Don't Know

16. BIRTHPLACE (city or town)
    (State or country)
    Snow Hill, Md.

17. INFORMANT
    (Address)
    My Harley Shockley

18. BURIAL, Cremation, Or Removal
    Place: Snow Hill
    Date: Jan. 15, 1936

19. UNDERTAKER
    (Address)
    Regan & Regan

20. FILED
    (Address)
    Jan. 15, 1936

21. DATE OF DEATH
    January 13, 1936

22. I HEREBY CERTIFY
    That I attended deceased from January 7, 1936, to January 12, 1936.
    I last saw him alive on January 12, 1936, at 7 p.m. 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:

23. Date of onset
    Gastro carcinoma
    Jan. 25

Other Contributory Causes of Importance:

24. Name of operator: Dr. H. W. McLean
    Date of operation: June 2, 1926
    Autopsy report: No

25. If death was due to external cause (VIOLENCE) mark 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.

26. Manner of injury
    Nature of injury

27. Was disease or injury in any way related to occupation of deceased? No
    If so, specify
    (Signed) J. H. W. McLean
    Inj. D.
    (Address) Snow Hill, 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

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>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>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: Worcester
   Village or City: Snow Hill
   No. St. Ward: 1
   Length of residence in city or town where death occurred: F 5 yrs. mos. ds.

2. FULL NAME: Jacob S. Stanford
   Residence: No. 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

6. DATE OF BIRTH (month, day, and year): Oct. 17, 1860

7. AGE: 75 Years 3 Months 12 Days

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Own Farm

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): March 1935

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 35 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

13. NAME OF FATHER: Oliver M. Stanford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

15. MAIDEN NAME: Dolly M. Hollard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

17. INFORMANT: Joseph Stanford (Address)

18. BURIAL, CREMATION, OR REMOVAL: Place: Snow Hill, Date: Feb. 1, 1936

19. UNDERTAKER: Berman & Demmy


MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: January 30, 1936

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

I last saw h. . . . . alive on 19, 19 . . . . death is said

23. IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER:

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>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: Worcester
   - Village or City: Berlin
   - Registration Dist. No.: 39-2
   - No. St., Ward
   - Length of residence in city or town where death occurred: 72 yrs. 11 mos. 13 ds.
   - How long in U.S. or if of foreign birth: yrs. mos. ds.

2. **Full Name**
   - Mary J. Jameson
   - (a) Residence: No. 133, Berlin St., Ward.

3. **Personal and statistical particulars**
   - Sex: Female
   - Color or race: White
   - Single, Married, Widowed, or Divorced: Widow
   - Husband or Wife of: William J. Jameson
   - Date of Birth: Jul. 13, 1862
   - Age: 72 yrs. 11 mos. 13 ds.
   - Occupation: Housewife
   - Birthplace: Md.
   - Name of Father: John Jameson
   - Birthplace of Father: Md.
   - Maiden Name: Martha Snack
   - Birthplace of Mother: Md.
   - Informant: Peter Jameson
   - Address: Berlin, Md.
   - Burial, Cremation, or Removal: Riverside, Jan. 28, 1936
   - Undertaker: J. W. Boake
   - Filed: Dec. 28, 1936

4. **Medical Certificate of Death**
   - Date of Death: Jan. 26, 1936
   - I hereby certify that I attended deceased from Jan. 19, 1936, to Jan. 25, 1936, death is said to have occurred on the date stated above, at 4:30 am.
   - Principal Cause of Death: Pulmonary Tuberculosis

5. **Other Contributory Causes of Importance**
   - Ch. Myocarditis

6. **If death was due to external causes (violence)**
   - Date of injury: 1936

7. **If so, specify**
   - (Signed) Charles F. Law, M.D.
   - (Address) Berlin, Md.

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If more blanks are needed, address State Registrar, 2211 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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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>RECEIVED</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:

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

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

1. PLACE OF DEATH
County: Worcester
Village or City: Near Pocomoke

2. FULL NAME
(a) Residence: No. (Unusual place of abode)
(b) If U. S. Veteran, specify WAR...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male
4. COLOR OR RACE
Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)
Single

6. DATE OF DEATH (month, day, and year)
Jan. 12, 1936

7. AGE
Years: 38
Months: 0
Days: 0

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

9. OCCUPATION

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
Abercorn, Md.
(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

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED
Jan. 13, 1936

REGISTRAR
John H. White
Registrar

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

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

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

<table>
<thead>
<tr>
<th>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 hemorrage</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>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

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

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

6. DATE OF BIRTH (month, day, and year) Jan. 26, 1936

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

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

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

13. NAME Douglas Wimborough
14. BIRTHPLACE (city or town) Virginia
    (State or country) Virginia
15. MAIDEN NAME Mary E. Ennis
16. BIRTHPLACE (city or town) Maryland
    (State or country)
17. INFORMANT Douglas Wimborough
    (Address) Stockton, Md.
18. BURIAL, CREMATION, OR REMOVAL Place: Waterville
    County: Waterbury
    Date Jan. 26, 1936
19. UNDERTAKER
    (Address) New York, N.Y.
20. FILED Jan. 27, 1936
    (Address) Stockton, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 26, 1936

   I last saw deceased alive on Jan. 26, 1936, death is said to have occurred on the date stated above.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   
Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>FEB 6 1930</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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Baltimore
Village or City: ...\nRegistration Dist. No.: 317
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...

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
FEMALE Mannel

4. COLOR OR RACE

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

6. DATE OF BIRTH (month, day, and year)
Jan. 17, 1930

7. AGE
Years
Months
Days

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

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

15. MAIDEN NAME

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

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL
Place
Date

19. UNDERTAKER

20. FILED

21. DATE OF DEATH

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

I last saw...

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

Baby, male, born enlarged, and caused to be... Date of onset

Other Contributory Causes of importance:

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

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

Manner of injury...
Nature of injury...

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

If so, specify...

(Signed)

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

Example II

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

Other contributory causes of importance:

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN