STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME: Bettie Ardis
   Residence: Gray Street

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND or WIFE of: George Ardis

6. DATE OF DEATH: May 12, 1936
7. DATE OF BIRTH: May 12, 1903
8. OCCUPATION: Housewife
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housewife
10. DATE DECEASED LAST WORKED: February 1936
11. TOTAL TIME IN THIS OCCUPATION: 34 years
12. BIRTHPLACE: Accomac County, Virginia
13. NAME: Edward Mapp
14. BIRTHPLACE: Do not know
15. MAIDEN NAME: Leara R. Mapp
16. BIRTHPLACE: Accomac County, Virginia
17. INFORMANT: Thomas Mears
   Address: Pocomoke City, Md.
18. BURIAL, CREMATATION, OR REMOVAL: Burtons Church
   Place: Accomac County, Va.
   Date: Feb. 12, 1936
19. UNDERTAKER: J.F. Thomas
   Address: Accomac, C.H., Virginia
20. FILED: Feb. 17, 1936

I HEREBY CERTIFY, That I attended deceased from
February 12, 1936, to her death, on February 19, 1936, and death is said to have occurred on the date above at 8 A.M.

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

From history probably had Influenza, complicated by a Pneumonia. Not having a physician and not going to bed, she died as a result.

Other contributory causes of importance:
as coroner an inquest was not necessary.

Name of operation: Date of:

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

23. If death was due to external causes (violence) fill in the following:
   Accident, suicide, or homicide?: Date of injury: 1936
   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 decedent?
   If so, specify:

Justice of the Peace, act as M.D.

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

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

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

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

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

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<tr>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
</tr>
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<tbody>
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<td>1915</td>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>Cerebral hemorrhage</td>
</tr>
<tr>
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</tr>
<tr>
<td>1923</td>
<td>Gallstones</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: Whale与时俱进, Md.
   Length of residence in city or town where death occurred: 71 yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (marry the word): married
   5a. If married, widowed, or divorced
   HUSBAND OF: William J. Baker
   6. DATE OF BIRTH (month, day, and year): 6/16/1865
   7. AGE: Years 70 Months 0 Days 4
   If LESS than 1 day, hrs. or min.
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housekeeping
   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. 1934
   11. Total time (years) spent in this occupation:

   OCCUPATION

12. BIRTHPLACE (city or town) (State or country):
    Father: Mt.
    Mother: Hilda Hall

   MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 1936
   (Month) 2 (Day) 1936
   (Year)

22. I HEREBY CERTIFY That I attended deceased from June 25, 1934, to Feb. 17, 1936, to have occurred on the date stated above, et. 110. m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Date of onset:
   Cause: Tuberculosis
   Name of operation.
   What test confirmed diagnosis?
   Date of:
   Was there an autopsy? [ ]

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of Injury: 1936
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

   Manner of Injury:
   Nature of Injury:

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

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: Worcester
   - Village or City: Snow Hill, Md.
   - Length of residence in city or town where death occurred: yrs. 3 mos. 0 days

2. **FULL NAME**
   - Father: F. Broome
   - Residence: No.
   - If U.S. Veteran specify War: No

**PERSONAL AND STATISTICAL PARTICULARS**

- Sex: Male
- Color of Race: White
- Single, Married, Widow, or Divorced: Married

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

6. **DATE OF BIRTH** (month, day, and year): 1.22.06

7. **AGE**
   - Years: 30
   - Months: 0
   - Days: 14

8. **EDUCATION** (school attended last year
   - High School

9. **OCCUPATION**
   - School Teacher

10. **DATE DECEASED LAST WORKED AT THIS OCCUPATION** (day, month, and year): 2/6/36

11. **TOTAL TIME SPENT IN THIS OCCUPATION (years and months)**: 3 yr.

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

13. **NAME OF FATHER**
   - Stewart Broome

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

15. **MAIDEN NAME**
   - Ida Merritt

16. **DATE OF DEATH** (month, day, and year): February 5, 1936

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

22. **I HEREBY CERTIFY**
    - That I attended deceased from 1936 to 1936
    - (Month): Feb 8
    - (Day): Feb 1
    - (Year): 1936

23. **CAUSE OF DEATH**
    - Heart Coronary Occlusion

24. **OTHER CONTRIBUTOR CAUSES OF DEATH**
    - Unimportant

25. **NAME OF DOCTOR**
    - Ethel Broome

26. **DATE OF INJURY**
    - (Day): 1
    - (Month): Feb
    - (Year): 1936

27. **DATE OF DEATH**
    - (Day): 5
    - (Month): February
    - (Year): 1936

28. **MANNER OF DEATH**
    - Nature of Injury

29. **UNDERTAKER**
    - Snow Hill

30. **FILED**
    - (Day): 2/6
    - (Month): 1936

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
<td>MAR 4 1936</td>
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</tr>
<tr>
<td>1921</td>
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</tr>
<tr>
<td>JULY 5, 1927</td>
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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: Snow Hill
   - Registration Dist. No. 30
   - Length of residence in city or town where death occurred: 5 yrs. 6 mos.

2. **FULL NAME**
   - Mary Brown

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Oct. 11, 1864

7. **AGE**
   - 71 years, 4 months, 12 days

8. **OCCUPATION**
   - Housewife

9. **DATE DECEASED**
   - Feb. 23, 1936

10. **CAUSE OF DEATH**
    - Heart Failure

11. **INFORMANT**
    - Foster Lewis

12. **BIRTHPLACE**
    - Frankford, Delaware

13. **FATHER**
    - John Dingle

14. **MOTHER**
    - Sarah Dockwood

15. **UNOERTER**
    - Repears, Snow Hill

16. **ADDRESS**
    - House, Snow Hill

17. **BURIAL, CREMATION, OR REMOVAL**
    - July 21, 1936

18. **DATE**
    - July 21, 1936

19. **REGISTRAR**
    - Foster Lewis

20. **FILED**
    - 2/24/1936

**MEDICAL CERTIFICATE OF DEATH**

22. **HEBREW CERTIFICATE**
    - I hereby certify that I attended deceased from [Signature]

23. **DATE OF INJURY**
   - July 1936

24. **NATURE OF INJURY**
   - Heart Failure

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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: **Worcester**
   - Village or City: **Newark**
   - Length of residence in city or town where death occurred: **2 yrs. 3 mos.**
   - If death occurred in a hospital or institution, give its NAME instead of street and number:

2. **FULL NAME**
   - **Eliza C. Dennis**
   - If U.S. Veteran, specify WAR: **No.**

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - Col

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

6. **DATE OF DEATH**
   - **February 3, 1936**

7. **DATE OF BIRTH**
   - **July 1, 1936**

8. **AGE**
   - Years: **3**
   - Months: **0**
   - Days: **0**

9. **OCCUPATION**
   - None

10. **MOTHER'S NAME**
    - **Mary Allen**

11. **BIRTHPLACE**
    - City or town: **Newark, Maryland**

12. **MOTHER'S FATHER NAME**
    - **James Allen**

13. **MOTHER'S MOTHER NAME**
    - **Mary Allen**

14. **REGISTRATION DISTRICT NO.**
    - **357**

15. **REGISTRAR**
    - **L. E. Hoyt, Jr.**

16. **UNOCCUPIED PAGE**

17. **Filing date**
    - **29th, 1936**

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: **Cedar Chapel**
    - Date: **Feb. 9, 1936**

19. **UNOCCUPIED PAGE**

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 5.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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

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

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<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
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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: Berlin, P.O.

2. FULL NAME
Mary J. Dennis

3. SEX
Female

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Widowed

6. DATE OF BIRTH
March 21, 1878

7. AGE
57 Years 11 Months 7 Days

8. OCCUPATION
Housewife

9. DATE OF DEATH
February 26, 1936

10. PLACE OF DEATH
Baltimore, Md.

11. Cause of Death
Chronic Myocarditis

12. BIRTHPLACE
Maryland

13. NAME
Charles E. Fischer

14. BIRTHPLACE
Maryland

15. MAIDEN NAME
Mary Holloway

16. BIRTHPLACE
Maryland

17. INFORMANT
Mrs. Virginia Murray

18. BURIAL, CREMATION, OR REMOVAL
Eversgreen Cem., Date: March 1, 1936

19. UNDERTAKER
J. W. Burbank

20. FILED
2-29, 1936, O. K. Mainsford

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

| The principal cause of death and related causes of importance were as follows: |
| Date of onset |
| Arteriosclerosis | MAR 4, 1936 |
| Chronic interstitial nephritis | FEBRUARY 19 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

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

Other contributory causes of importance:

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, Md.
   Registration Dist. No.: 36
   St.: Ward:

2. FULL NAME

   Infant Davis

3. SEX

   Female

4. COLOR OR RACE

   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

   WIDOWED

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

   Feb. 5, 1936

7. AGE

   Years: 0
   Months: 0
   Days: 0

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

   Spinner,亲眼，Bookkeeper, etc.

9. OCCUPATION

   Spinner,亲眼

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

   Feb. 5, 1936

11. Total time (years) spent in this occupation

   1 year

12. BIRTHPLACE (city or town)

   Maryland

13. NAME

   Caleb Davis

14. BIRTHPLACE (city or town)

   Berlin, Md.

15. MAIDEN NAME

   Annie Mae Lassiter

16. BIRTHPLACE (city or town)

   Maryland

17. INFORMANT

   John Conway
   Address: Berlin, Md.

18. BURIAL, CREMATION, OR REMOVAL

   Armington, Date: Feb. 6, 1936

19. UNDERTAKER

   J.W. Burbage
   Address:

20. FILED

   Feb. 6, 1936

21. DATE OF DEATH

   2
   (Month)
   5
   (Day)
   1936
   (Year)

22. I HEREBY CERTIFY, that I attended deceased from

   19
   to
   19

   I last saw him alive on

   19
   to
   19

   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:

   Stillborn

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

   Accident, suicide, or homicide?
   Date of

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

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

   If so, specify

   Nature of injury

   Signed:

   Date:

   Address:

   Registrar:

   Date:

   Address:

   Date:

   Address:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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<tr>
<td>Chronic interstitial nephritis</td>
<td>MAR 4 1930</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
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Other contributory causes of importance:
Gallstones May 1, 1923

Example II

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Other contributory causes of importance:
Gastroenteritis 1 year

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

1. PLACE OF DEATH
   County: Worcester
   Village or City: Berlin, Md
   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.
   (Usual place of abode)
   Sex: Male
   Race: White
   Single, Married, Widowed, or Divorced: Single
   If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

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

7. AGE
   Years: 26
   Months:
   Days:
   If less than 1 day, ___ hrs, ___ min.

8. Trade, profession, or particular kind of work done, e.g., Spinner, Weaver, Bookkeeper, etc.
   No trade

9. Industry or business in which work was done, e.g., Silk Mill, Saw Mill, Bank, etc.
   No industry

10. Date deceased last worked at this occupation (month and year)
    Jan 12, 1936

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

12. BIRTHPLACE (city or town)
    Worcester, Mass

13. NAME
    Precious Gaines

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

15. MAIDEN NAME
    Maria Burnell

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

17. INFORMANT
    (Address)
    Hazel Burnell

18. BURIAL, CREMATION, OR REMOVAL
    Place: Berlin, Md
    Date: Jan 12, 1936

19. UNDERTAKER
    (Address)
    J. H. Burge

20.Filed: Feb 7, 1936

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

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

2. **FULL NAME**
   - Samuel H. Holland
   - If U.S. Veteran, specify WAR: No

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Male
   - COLOR OR RACE: White
   - SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

4. **DATE OF DEATH**
   - Feb 9, 1936

5. **DATE OF BIRTH**
   - Nov 12, 1861

6. **AGE**
   - Years: 74
   - Months: 2
   - Days: 28

7. **OCCUPATION**
   - Housewife

8. **BIRTHPLACE**
   - City or town: Magruder Co.

9. **NAME OF DECEASED**
   - Francis Powell

10. **BIRTHPLACE**
    - City or town: Magruder Co.

11. **INFORMANT**
    - Address: 153 W. 3rd St.

12. **BURIAL, CEMETERY, OR REMOVAL**
    - Place: Washington Cemetery
    - Date: Feb 13, 1936

13. **UNDERTAKER**
    - Address: 450 W. 3rd St.

14. **FILED**
    - Date: Feb 14, 1936

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<td>Gallstones</td>
<td>May 1, 1933</td>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Worcester
   Village or City: Whiteburg
   No. St. Ward
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred..... yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

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

   ST., WARD.

   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

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

   5a. If married, widowed, or divorced
   HUSBAND of
   (of)
   Emma E. Gibbons

6. DATE OF BIRTH (month, day, and year)
   Dec. 13th, 1856

7. AGE
   Years Months Days If LESS than 1 day, hrs. or min.
   76 2 1

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)
    1856.

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

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

13. NAME
    George Gibbons

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

15. MAIDEN NAME
    Mary McDaniel

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

17. INFORMANT
    Mrs. Wm. M. Stevenson
    (Address)
    Oceome City, Maryland.

18. BURIAL CREMATION, OR REMOVAL
    Place
    Presbyterian Cemetery
    Date
    Feb. 17th, 1936
    Oceome City

19. UNDERTAKER
    (Address)
    Oceome City, Maryland
    Vereor P. Stevenson

20. FILED
    2/16, 1936
    36 & Day Smith
    Registrar

21. DATE OF DEATH
    February 14th, 1936

22. I HEREBY CERTIFY that I attended deceased from
    I last saw him alive on Feb. 13, 1936, at 10:30 a.m.
    Death is said to have occurred on the date stated above.
    The principal cause of death and related causes of importance
    were as follows:

    Senility. Malnutrition, presence of cardio-vascular disease.

Other Contributory Causes of importance:

Unimportant. He had not been ill.

Name of operation

What last confirmed diagnosis

Was there an autopsy

Date of

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

Manner of injury

Nature of injury

24. Was death due to any way related to occupation of deceased?
    NO

If so, specify

(Signed)

ADDRESS

If more blanks are needed, address State Registrar, 2412 S. Charles Street, Baltimore, Requesting U.S. No. 2.
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Mar 4, 1936</td>
</tr>
<tr>
<td></td>
<td>Jul 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Principal Cause of Death and Related Causes of Importance</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

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

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th>Gastroenteritis</th>
<th>1 year</th>
</tr>
</thead>
</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: yrs. 3 mos. 0 ds.

2. FULL NAME
   (a) Residence: No. "Jane" Harmon
   (Usual place of abode) If U. S. Veteran, specify WAR
   Ward: 40

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Col

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

6. DATE OF BIRTH (month, day, and year)
   Don't Know

7. AGE
   Years: 40
   Months: 0
   Days: 0
   If LESS than 1 day, ___ hrs. or ___ min.

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

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

10. Date deceased last worked at this occupation (month and year)
    Aug. 1930

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

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

13. NAME
    "Jane" Harmon

14. BIRTHPLACE (city or town) (State or country)
    "Jane" Harmon

15. MAIDEN NAME
    Leah Johnson

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

17. INFORMANT (Address)
    "Jane" Harmon

18. BURIAL, CREMATION, OR REMOVAL
    Place of bur. or crem. date: June 23, 1936

19. UNDERTAKER (Address)
    "Jane" Harmon


REGISTRATION DIST. NO. 351

REGISTRATION DISTRICT NO. 351

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>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
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<td>1921</td>
</tr>
<tr>
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<td>MAR 4 1936</td>
</tr>
<tr>
<td>Gallstones</td>
<td>MAY 1, 1925</td>
</tr>
</tbody>
</table>

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<td>1 year</td>
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### Other contributory causes of importance:

- Gastroenteritis
- Appendicitis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

<table>
<thead>
<tr>
<th>20. FILED</th>
<th>21. 3-1936 3837 Main St.</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. INFORMANT</td>
<td>Address</td>
</tr>
<tr>
<td>22. PLACE OF DEATH (city of town)</td>
<td></td>
</tr>
<tr>
<td>23. Age</td>
<td></td>
</tr>
<tr>
<td>24. Manner or cause of injury</td>
<td></td>
</tr>
<tr>
<td>25. Date of injury</td>
<td></td>
</tr>
<tr>
<td>26. Where did injury occur?</td>
<td></td>
</tr>
<tr>
<td>27. Name of operator</td>
<td></td>
</tr>
<tr>
<td>28. Nature of injury</td>
<td></td>
</tr>
<tr>
<td>29. Accident, suicide, or homicide?</td>
<td></td>
</tr>
<tr>
<td>30. Date of death</td>
<td></td>
</tr>
<tr>
<td>31. Cause of death</td>
<td></td>
</tr>
<tr>
<td>32. Date of last known to</td>
<td></td>
</tr>
<tr>
<td>33. Date of death, year</td>
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<td>34. Date of death, month</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>36. Date of death, hour</td>
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<tr>
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<tr>
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<tr>
<td>44. Length of time in city or town</td>
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<tr>
<td>45. Economic status</td>
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<td></td>
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<tr>
<td>48. Marital status</td>
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<tr>
<td>49. Religion</td>
<td></td>
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<td></td>
</tr>
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<td>52. Date of last known to</td>
<td></td>
</tr>
<tr>
<td>53. Date of death, year</td>
<td></td>
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<td>81. Cause of death</td>
<td></td>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No. 152
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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
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</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>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: Pocono Lake

2. **FULL NAME**
   - Name: Helen Holden

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Female
   - Color or Race: Colored
   - Parents: Tamarina Holden
   - Occupation: Cook

4. **DATE OF DEATH**
   - Date: Feb 7, 1936

5. **BIRTHPLACE**
   - Place: Pocono Lake

6. **AGE**
   - Years: 35
   - Months: 4
   - Days: 23

7. **DATE OF BIRTH**
   - Date: Sept 15, 1900

8. **CAUSE OF DEATH**
   - Pulmonary Tuberculosis

9. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
   - Exhaustion

10. **DATE OF DEATH**
    - Date: Feb 11, 1936

11. **UNDERTAKER**
    - Name: E. C. Koch

12. **FILING**
    - Date: Feb 11, 1936

If more blanks are needed, address State Registrar, 2401 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>MAR. 3, 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
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</tbody>
</table>

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<table>
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</tr>
</thead>
<tbody>
<tr>
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<td>Peritonitis</td>
<td>3 days ago</td>
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</tbody>
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Other contributory causes of importance:

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

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

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

**2. FULL NAME**
- Name: Phoebe Ann Hudson
- Residence: No.

**PERSONAL AND STATISTICAL PARTICULARS**
- Sex: Female
- Color or Race: White
- Single, Married, Widowed, or Divorced: Married
- Date of Marriage: 1875
- Age at Death: 61 years

**3. OCCUPATION**
- Occupation: Housewife

**4. DATE OF DEATH**
- Month: 2
- Day: 17
- Year: 1932

**MEDIA CERTIFICATE OF DEATH**
- I hereby certify that I attended deceased from 2-1-1932 to 2-21-1932.
- Last saw deceased alive on 2-2-1932; death took place on the date stated above, at 24 m.
- The principal cause of death and related causes of importance were as follows:
  - Cerebral Hemorrhage

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
- Name of operation: None
- Date of operation: None
- Was there an autopsy?: No
- Date of autopsy: None

**23. IF DEATH DUE TO EXTERNAL CAUSES (VIOLENCE)**
- Accident, suicide, or homicide?: None
- Date of injury: None
- Where did injury occur?: None
- Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

**24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
- If so, specify: None

---

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

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</table>

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

1. PLACE OF DEATH

County: Worcester
Village or City: Oocomoke City

2. FULL NAME

Harriet A. James

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widow

5a. If married, widowed, or divorced

HUSBAND OF (or) WIFE of Smith H. James

6. DATE OF BIRTH

Sept. 5th, 1848

7. AGE

87

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

Life

12. BIRTHPLACE (city or town)

Worcester County

13. NAME

Howard Gunby

14. BIRTHPLACE (city or town)

Worcester County

15. MAIDEN NAME

Hettie Redden

16. BIRTHPLACE (city or town)

Worcester County

17. INFORMANT

J. Sidney Collins

18. BURIAL, CREMATION, OR REMOVAL

Oocomoke City, Maryland

19. UNDERTAKER

Hansel P. Stevens

20. FILED

Feb. 15, 1936

21. DATE OF DEATH

Feb. 15, 1936

22. I HEREBY CERTIFY

That I attended deceased from Feb. 9th, 1936 to Feb. 16th, 1936.

I last saw deceased alive on Jan. 19, 1936.

To have occurred on the date stated above, at 4:51 p.m.

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

Cerebral Hemorrhage

Date of onset: 3/9/36

Other Contributory Causes of importance:

Name of operation

Date 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)

Registrar

M.D.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**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>March 3, 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 10, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 15, 1927</td>
</tr>
</tbody>
</table>

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

**Example II**

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

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>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: Wicomico
- Village or City: Whaleyville
- Registration Dist. No.: 355

**2. FULL NAME**
- Infant Garman
- Residence: Whaleyville

**PERSONAL AND STATISTICAL PARTICULARS**
- Sex: Male
- Color or Race: Col
- Single

**3. SEX**

**4. COLOR OR RACE**

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

**6. DATE OF BIRTH**
- Month: Feb
- Day: 22
- Year: 1932

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

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

**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: Whaleyville

**13. NAME**
- Other Pudding

**14. BIRTHPLACE**
- City or town: Berlin

**15. MAIDEN NAME**
- Jenny T Farmer

**16. BIRTHPLACE**
- City or town: Whaleyville

**17. INFORMANT**
- Name: James Whaley
- Address: Whaleyville

**18. BURIAL, CREMATION, OR REMOVAL**
- Place: Whaleyville
- Date: Feb 22, 1932

**19. UNDERTAKER**
- Name: John H. Brice
- Address: Berlin

**20. FILED**
- Date: Feb 22, 1932

**21. DATE OF DEATH**
- Month: Feb
- Day: 22
- Year: 1932

**22. I HEREBY CERTIFY That I attended deceased from March 22, 1932, to Feb 22, 1932, and death is said to have occurred on the date stated above, at 2 P.M. The principal cause of death and related causes of importance were as follows:**

**Death by**

**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):
- Manner of injury:
- Nature of injury:
- Was there an autopsy?

**24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
- No

**If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 7.**
STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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:

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

**Example II**

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gollstones</td>
<td>May 1, 1933</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Worcester
   - Village or City: Pocomoke City
   - Residence: No. (if death occurred in a hospital or institution, give its name)
   - Length of residence: yrs. mos. ds.

2. **FULL NAME** Alfred T. Jones
   - If U.S. Veteran, specify WAR

   **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Male
   - COLOR OR RACE: White
   - S. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   - DATE OF BIRTH: March 28th, 1879
   - AGE: 56 10 26
   - OCCUPATION: Farmer
   - PLACE OF OCCUPATION: 1936

3. **DATE OF DEATH**
   - Month: February
   - Day: 23rd
   - Year: 1936

4. **MEDICAL CERTIFICATE OF DEATH**
   - I HEREBY CERTIFY that deceased was last seen alive on February 20, 1936, and Feb. 25, 1936; death is said to have occurred on the date stated above, at 9:11 A.M.

   **CAUSE OF DEATH**
   - Date of onset: Feb. 25, 1936

   **OTHER CONTRIBUTARY CAUSES OF IMPORTANCE**

   **MANNER OF DEATH**

   **NATURE OF INJURY**

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

   **FILED**
   - Date: Feb. 26, 1936
   - Registrar: R. E. Stevenson
   - Address: Ocomoke City, Maryland

   **REGISTRATION DIST. NO.** 350

   If more blanks are needed, address the State Registrar, 2612 N. Charles Street, Baltimore, Requesting U.S. No.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</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>
</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: Snow Hill
   Length of residence in city or town where death occurred: 1 yrs. mos. ds.

2. FULL NAME: Daniel T. Jones
   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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word)
   Married

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

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

7. AGE
   Years: 73
   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.
   Farmer

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

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

11. Total time (years) spent in this occupation: 60 yrs.

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

13. NAME: Don't Know

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

15. MAIDEN NAME: Sarah Townsend

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

17. INFORMANT: Daniel T. Jones
   Address: Snow Hill

18. BURIAL, CREMATION, OR REMOVAL
   Place: Snow Hill
   Date: Feb. 14, 1936

19. UNDERTAKER
   Address: Snow Hill

20. FILED: 2/14/36, Registrar

REGISTRATION DIST. No. 351

21. DATE OF DEATH
   (Month) February
   (Day) 10
   (Year) 1936

22. I HEREBY CERTIFY that I attended deceased from
   File 4 on Feb. 14, 1936; death is said to have occurred on the date stated above, at 11 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Chronic Bright's Disease

   Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What last confirmed diagnosis?

Was there an autopsy?

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) M. D.

Deposit of

If more blanks are needed, address State Registrar, 1412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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### Example I

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

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

### Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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<tr>
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</tr>
<tr>
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<td></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: Lincoln
   Registration Dist. No.: 350
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   JAMES LANE
   If U.S. Veteran, specify WAR:

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): July 25, 1901
7. AGE: 34 yrs. 6 mos. 9 days

8. OCCUPATION: Laborer

9. Date deceased last worked at this occupation (month and year): 1934
10. Total time (years) spent in this occupation:

11. BIRTHPLACE (city or town): Lincoln
12. NAME: LLOYD LANE
13. Father: MARVIN LANE
14. Birthplace (city or town): Lincoln
15. Maiden Name:
16. Birthplace (city or town): Lincoln
17. Informant:
18. Burial, Cremation, or Removal: Place:
19. Undertaker:
20. Filed: Feb. 7, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Feb. 7, 1936

22. I HEREBY CERTIFY, that I attended deceased from: 19 , to: 19 , 19

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

24. Other contributory causes of importance:

25. Date of death: Feb. 7, 1936

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U.S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This man died suddenly. Dr. Parker attended him several years ago from history he was slightly demented. No indications of any foul play cannot say what was the exact cause of his death. No inquest necessary.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Monocacy
Village or City: Berlin, R.F.D.

2. FULL NAME

Beatrice Miller

3. SEX

Female

4. COLOR OR RACE

A.A.

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

Married

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

Oct 20, 1900

7. AGE

Years: 36
Months: 0
Days: 1

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

Stenographer

9a. If married, widowed, or divorced

HUSBAND of

William Miller

9b. (or) WIFE of

Mary Miller

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

Jan 1932

11. Total time (years) spent in this occupation

10 yrs.

12. BIRTHPLACE (city or town)

Berlin, Md.

13. NAME

Thomas Bridgewater

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

Berlin, Md.

15. MAIDEN NAME

Hattie R. Powell

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

Berlin, Md.

17. INFORMANT (Address)

Mary Miller, Berlin and

18. BURIAL, CREMATION, OR REMOVAL

Place: Berlin, Md.

19. UNDERTAKER (Address)

J. R. Davis

20. FILED

Feb. 7, 1936, by Registrar.

21. DATE OF DEATH

Feb 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 10, 1936, to

Feb 6, 1936; death said to have occurred on the date above, at 11 A.M.

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

Disease of heart

Other Contributory Causes of importance:

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

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Manner of Injury

Nature of Injury

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

If so, specify

(Signed)

M.D.

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housewife, 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.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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

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

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:

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<tr>
<th>Example I</th>
<th>Example II</th>
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<td>Run over by street car</td>
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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>1921</td>
<td>1 week ago</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, 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: Ocean City

2. **FULL NAME**
   - Anna L. Mounthome
   - Residence: Ocean City

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - March 3, 1867

7. **AGE**
   - 68 Years

8. **OCCUPATION**
   - Nurse

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - 11 Months

10. **DEATH CERTIFICATE**
    - Date of Death: Feb 25, 1936

11. **CAUSE OF DEATH**
    - Cerebral Hemorrhage

12. **BIRTHPLACE**
    - Maryland

13. **NAME**
    - Emma Taylor

14. **FATHER**
    - James Taylor

15. **MAIDEN NAME**
    - Elizabeth Scott

16. **MOTHER**
    - Margaret Scott

17. **INFORMANT**
    - Samuel Mounthome

18. **BURIAL, CREMATION, OR REMOVAL**
    - Evergreen, Feb 25, 1936

19. **UNDERTAKER**
    - B. H. Bringe, Berlin, Md.

20. **FILED**
    - Feb 27, 1936

21. **DATE OF DEATH**
    - Feb 25, 1936

22. **HEREBY CERTIFY**
    - That I attended deceased from February 18 to February 25, 1936

23. **CONTRIBUTORY CAUSES OF DEATH**
    - Other Contributory Causes of Importance:

24. **MANNER OF DEATH**
    - Natural

25. **NATURE OF INJURY**
    - No

26. **DISEASE OR INJURY RELATED TO OCCUPATION**
    - No

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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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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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

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

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   Spouse: Anna Mumford
6. DATE OF BIRTH (month, day, and year): 2/19/1866
7. AGE (Years, Months, Days): 70, 10, 0
8. OCCUPATION: Farming
9. DATE deceased last worked at this occupation (month and year): 1935
10. TOTAL time (years) spent in this occupation: 0
11. DATE OF DEATH: Feb. 11, 1936
12. BIRTHPLACE (city or town, State or country): Maryland
13. NAME: Joseph Mumford
14. BIRTHPLACE (city or town, State or country): Maryland
15. MAIDEN NAME: Anna Mumford
16. BIRTHPLACE (city or town, State or country): Maryland
17. INFORMANT: Mrs. Isaac Mumford
18. BURIAL, CREMATION, OR REMOVAL: Burial
   Place: Bishop, Maryland
   Date: Feb. 13, 1936
19. UNDERTAKER: Silas H. Dulaney
20. FILED: Feb. 13, 1936

MEDICAL CERTIFICATE OF DEATH
21. I HEREBY CERTIFY, That I attended deceased from
   Feb. 10, 1936, to
   Feb. 11, 1936; death is said to have occurred on the date above, at 7:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were:
   1. Myocarditis
   2. M. Nephritis

Other Contributory Causes of Importance:
   1. Myocarditis

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?
   Oste of injury: 19
   Where did injury occur?
   Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury:

Nature of injury:

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

If more blanks are needed, address State Registrar, 2422 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.

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

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

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

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**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.
   PERSONAL AND STATISTICAL PARTICULARS
   (Usual place of abode)
   (b) Male
   4. COLOR OR RACE
   5. SINGLE, MARRIED, Widowed, or Divorced (write the word)
   5e. If married, widowed, or divorced
   HUSBAND OF: Mary L. Currell
   WIFE OF: John W. Currell

3. SEX
   6. DATE OF BIRTH (month, day, year)
   April 15, 1870

4. COLOR OR RACE
   7. AGE
   Years: 50
   Months: 10
   Days: 10

5. SINGLE, MARRIED, Widowed, or Divorced
   7. AGE
   Years: 50
   Months: 10
   Days: 10

6. DATE OF BIRTH (month, day, year)
   April 15, 1870

7. AGE
   Years: 50
   Months: 10
   Days: 10

8. TRADE, PROFESSION, OR PARTICULAR
   OCCUPATION
   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)

11. Total time (years) spent in this
    occupation

12. BIRTHPLACE (city or town)
    Maryland

13. NAME
    John W. Currell

14. BIRTHPLACE (city or town)
    Maryland

15. MAIDEN NAME
    Louisa Hammonds

16. BIRTHPLACE (city or town)
    Maryland

17. INFORMANT
    Eleanora White
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Berlin
    Date: Sept. 28, 1936

19. UNDERTAKER
    John W. Burds
    (Address)

20. FILED.
    Feb. 19, 1936
    Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from
    , 19 , to , 19 .
    I last saw him/she/it alive on
    , 19 .
    Death is said to have occurred on the date stated above, at
    2 P.M.
    The Principal Cause of Death and related causes of importance
    were as follows:
    \[Signature\]
    Other Contributory Causes of Importance:
    \[Signature\]

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.

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

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<td>Gallstones</td>
<td>May 1, 1923</td>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Worcester
   Village or City: Berlin
   No. St. Ward

2. FULL NAME
   Bernice Richard
   (a) Residence: No. Berlin 2nd St., Ward. 

3. SEX
   Female

4. COLOR OR RACE
   Col

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

6. DATE OF BIRTH
   May 23, 1935

7. AGE
   8 Yrs.

8. Trade, profession, or particular kind of work done, as SPINNER, MILL, 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)
    md

13. NAME
    Bernice Richard

14. BIRTHPLACE (state or country)
    md

15. MAIDEN NAME
    Maggie Jochimow

16. BIRTHPLACE (city or town)
    md

17. INFORMANT
    Jno. W. Richard
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Germantown
    Date: July 9, 1936

19. UNDERTAKER
    J. W. Burkage
    (Address)

20. FILED
    July 9, 1936

21. DATE OF DEATH
    (Month) February 6 (Day) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    Mar. 8, 1936, to Mar. 19, 1936; death is said to have occurred on the date stated above, at __________ m.

23. Other Contributory Causes of importance:

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

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<td>MAR 4 1926</td>
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<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
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   a. Residence: No. [Address]
   HUSBAND OF [Name]
   If U.S. Veteran, specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Date: 1948

7. AGE Years Months Days
   87

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

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

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

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

12. BIRTHPLACE (city or town)
    [State or country]
    Snow Hill
    Maryland

13. NAME
    [Full name]
    Robert Fleming

14. BIRTHPLACE (city or town)
    [State or country]
    [Address]
    Snow Hill

15. MAIDEN NAME
    [Maiden name]
    Sally Trust

16. BIRTHPLACE (city or town)
    [State or country]
    [Address]
    Snow Hill

17. INFORMANT
    [Address]
    Mrs. R. N. Elroy

18. BURIAL, CREMATION, OR REMOVAL
    Place: Snow Hill
    Date: Feb. 21, 1936

19. UNDERTAKER
    [Address]
    Dennis & Heard

20. FILED
    1936 Feb. 22

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) 21
    (Day) 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Feb. 21, 1936, to Feb. 21, 1936

23. I certify that death occurred on the date stated above, at [time and place]

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

Mitril Regurgitation

Other Contributory Causes of importance:

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   [Signed]
   John B. Elroy M.D.
   [Address]

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

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 1</th>
<th>Example 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>May 1, 1933</strong></td>
<td><strong>1 year</strong></td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Warren
   - Village or City: Stockton, Md.
   - Length of residence in city or town where death occurred: 25 yrs. 4 mos. 17 ds.

2. **FULL NAME**
   - (a) Residence: No. Stockton, Md.
   - (Usual place of abode)

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - Colonel

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

6. **DATE OF BIRTH**
   - Month and Day: Sept. 15, 1910

7. **AGE**
   - Years: 25
   - Months: 4
   - Days: 17

8. **OCCUPATION**
   - Harald, Timber

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - 1935

10. **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**
    - 1 year

11. **BIRTHPLACE (city or town)**
    - Stockton, Maryland

12. **NAME**
    - Richard Bodley

13. **FATHER NAME**
    - Annie Lee Bishop

14. **MOTHER NAME**
    - Annie Lee Bodley

15. **BIRTHPLACE (city or town)**
    - Stockton, Md.

16. **INFORMANT**
    - Annie Lee Bodley

17. **BURIAL, CREMATION, OR REMOVAL**
    - Place: 1936 (Specify city or town, county and State)

18. **UNDERNEATHER**
    - Specify when the body was buried, cremated, or removed

19. **FILED**
    - Date: 1936

20. **REGISTRATION DISTRICT NO.**
    - 397

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Month: Feb.
    - Day: 1
    - Year: 1936

22. **I HEREBY CERTIFY**
    - That I attended deceased from
    - 19 to
    - 19
    - I last saw him alive on
    - 19

23. **PRINCIPAL CAUSE OF DEATH**
    - Pulmonary Tuberculosis
    - Date of onset: 1925

24. **OTHER CONTRIBUTORY CAUSE OF DEATH**
    - Scabies
    - Date of onset: 1925

25. **DISEASE OR INJURY RELATED TO OCCUPATION**
    - No

26. **SIGNATURE**
    - Mary M. Taylor, Local Registrar

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

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<th>The principal cause of death and related causes of importance were as follows:</th>
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</thead>
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<td>Arteriosclerosis</td>
<td>Mar 5, 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>May 1, 1923</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>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 |
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   If married, widow, or divorced
   HUSBAND OF (or) WIFE OF
   Residence of spouse:
   Address:

6. DATE OF BIRTH (month, day, and year)
   April 12, 1873

7. AGE
   Years: 62
   Months: 9
   Days: 12

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

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

10. Date deceased last worked at this occupation (month and year)
    '{Hartman}'

11. Total time (years) spent in this occupation
    '{Hartman}'

12. BIRTHPLACE (city or town)
    (State or country)
    '{Hartman}'

13. NAME
    Sampson Smallwood

14. BIRTHPLACE (city or town)
    (State or country)
    '{Hartman}'

15. MAIDEN NAME
    Emma Birch

16. BIRTHPLACE (city or town)
    (State or country)
    '{Hartman}'

17. INFORMANT
    Paul Lassman
    Address: Barstow

18. BURIAL, CREMATION, OR REMOVAL
    Place: Haylott Hill
    Date: 1936

19. UNDERTAKER
    Address:

20. FILED
    1936

21. DATE OF DEATH
    Month: 2
    Day: 4
    Year: 1936

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

   I last saw him alive on
   19 ; death is said to have occurred on the date stated above, at
   m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Acute Heart Failure due to an Aneurism Myocarditis

   Other Contributory Causes of importance:

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

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requested by 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 housewife, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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<td>RECEIVED 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>MAR 4 1920</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
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<td>May 1 1923</td>
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<tr>
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<td>1 year</td>
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</table>

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

1. PLACE OF DEATH

County: Worcester
Village or City: Bishopville
No. St. Ward
Length of residence in city or town where death occurred:

2. FULL NAME

Mary E. Tubbs
(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)
Married
5a. If married, widowed, or divorced
HUSEND of
WIFE of

6. DATE OF BIRTH (month, day, and year)
March 14, 1859

7. AGE
76 Years
9 Months
1 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)
Dec., 1935

11. Total time (years)
spent in this occupation

12. BIRTHPLACE (city or town)

den

13. NAME
Nathan Tubbs

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

15. MAIDEN NAME
Sally Jones

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

17. INFORMANT
Mrs. Thompson Tubbs
Address:

18. BURIAL, CREMATION, OR REMOVAL
At Montego Church

19. UNDERTAKER
Mrs. Matson Tubbs
Address:

20. FILED...
Feb. 17, 1936

REGISTRAR

If more blanks are needed, address State Registrar, 2202 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<th>Example II</th>
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<tr>
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<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<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: | 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: Whaleyville
   Registration Dist. No.: 352
   No. St. Ward

   Length of residence in city or town where death occurred: 0 yrs. 0 mos. 0 days
   How long in U.S. if of foreign birth: 0 yrs. 0 mos. 0 days

2. FULL NAME: Mogrel, Marie Lune
   (a) Residence: No. 7 Whaleyville Rd, St. , Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

   If married, widowed, or divorced
   HUSBAND OF (or) WIFE OF

   6. DATE OF BIRTH (month, day, and year): 8-9-1933
   7. AGE: 2 Years 6 Months 14 Days

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

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

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

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

   11. Total time (years)
   spent in this occupation

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

   13. NAME: William Sumey

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

   15. MAIDEN NAME: Bernice Hiblet

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

   17. INFORMANT:
   (Address):

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Westwood Cemetery
   Date: Feb 24, 1936

   19. UNDERTAKER:
   (Address):

   20. FILED: Feb 24, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH:
   (Month) 2/27  (Day) 1936

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

   I last saw h. ___ alive on ___ , 19 ; death is said
   to have occurred on the date stated above, at ___ , 19

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

   Natural, Tuberculosis
   Pneumonia & Convulsion

   Other Contributory Causes of importance:

   Name of operation: ___ Date of ___, 1936
   Was there an autopsy? YES NO

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

   Manner of injury
   Nature of injury

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

   If more blanks are needed, address State Registrar, 2414 N. Charles Street, Baltimore, Requesting ___
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<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1924</td>
</tr>
<tr>
<td>July 6, 1927</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>3 days ago</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: Charles R. Watson
   Residence: No. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
   Color or Race: White
   Single, Married, Widowed, or Divorced: Widower

5e. If married, widowed, or divorced
   HUSBAND of (or) WIFE of: Stella N. Watson

6. DATE OF BIRTH (month, day, and year): Nov. 3rd, 1876.

7. AGE: 59
   If less than 1 year, in months.

8. Trade, profession, or particular kind of work done: Merchant (Seafood)

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

10. Date deceased last worked at this occupation: Dec. 1935.

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

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

13. NAME: John Watson

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

15. MAIDEN NAME: Jennie Stewart

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

17. INFORMANT: William Watson
   Address: Pocomoke City, Maryland

18. BURIAL, CREMATION, OR REMOVAL
   Place: Pocomoke City, Maryland
   Date: March 1936

19. UNDERTAKER: None
   Address: None

20. FILED: Feb. 28, 1936
   John T. Riley
   Registrar

21. DATE OF DEATH: Pocomoke City, February 27th, 1936
   (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from
   June 1st, 1936, to Feb. 27th, 1936; death is said to have occurred on the date stated above, at 1:30 A.M.

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

   [Signature]
   [Date]

   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

   [Signature]
   [Date]

   [Address]

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: [Signature] M.D.
   (Address)

If more blanks are needed, address State Registrar, 244 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 housewife, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<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>Cause of Death</th>
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Example II

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

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<thead>
<tr>
<th>Cause of Death</th>
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<tr>
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<td>1 week ago</td>
</tr>
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<td>Peritonitis</td>
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<tbody>
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<td>1 year</td>
</tr>
</tbody>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   March 24, 1850

7. AGE
   85 years, 11 months, 5 days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Hus-ker

9. OCCUPATION
   Farm

10. DATE DECEASED FIRST WORKED AT THIS OCCUPATION
    1932

11. Total time spent in this occupation
    1932

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

13. NAME
    Raymond L. West

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

15. MAIDEN NAME
    Mary Longino

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

17. INFORMANT
    (Address)
    Father West

18. BURIAL, CREMATION, OR REMOVAL
    (Place and Date)
    Green, Md., March 27, 1936

19. Undertaker
    (Address)
    L. H. Burtz

20. FILED
    (Address)
    1936

REGISTRATION DIST. No. 2248

If more blanks are needed, address State Registrar, 2411 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