**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: Emmitsburg
   - No. 211 Oak
   - Registration Dist. No.: 4
   - Ward: St. 6-7
   - Length of residence in city or town where death occurred: yrs. 6 mos. 7 ds.

2. **FULL NAME:** Paul Lester Agee
   - If U. S. Veteran, specify WAR
   - Residence: No. 211 Oak
   - (Usual place of abode)
   - St. 6-7 Ward.

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. SEX: Male</td>
<td>21. DATE OF DEATH: Apr 29, 1936</td>
</tr>
<tr>
<td>4. COLOR OR RACE: White</td>
<td></td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single</td>
<td></td>
</tr>
<tr>
<td>6. DATE OF BIRTH (month, day, and year): Oct 22, 1935</td>
<td></td>
</tr>
<tr>
<td>7. AGE: Years 6 Months 6 Days</td>
<td></td>
</tr>
<tr>
<td>8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.</td>
<td></td>
</tr>
<tr>
<td>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</td>
<td></td>
</tr>
<tr>
<td>10. Date deceased last worked at this occupation (month and year)</td>
<td></td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation</td>
<td></td>
</tr>
<tr>
<td>12. BIRTHPLACE (city or town): Emmitsburg, Ind.</td>
<td></td>
</tr>
<tr>
<td>13. NAME: Paul Agee</td>
<td></td>
</tr>
<tr>
<td>15. MAIDEN NAME: Millie Betrock</td>
<td></td>
</tr>
<tr>
<td>16. BIRTHPLACE (city or town): Emmitsburg, Ind.</td>
<td></td>
</tr>
<tr>
<td>17. INFORMANT: Homer Agee</td>
<td></td>
</tr>
<tr>
<td>18. BURIAL, CREMATION, OR REMOVAL: Place unknown</td>
<td></td>
</tr>
<tr>
<td>20. FILED: Apr 30, 1936</td>
<td>Dr. J. F. Franklin</td>
</tr>
</tbody>
</table>

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.

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

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset | Example II
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>RECEPTED</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>MAY 7, 1936</td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td></td>
</tr>
<tr>
<td>OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</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: Allegany
Village or City: Elkton
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Samuel R. Albright
(a) Residence: Elkton, Md.

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

6. DATE OF BIRTH (month, day, and year): July 30, 1877
7. AGE: 88 yrs 9 mos

8. Trade, profession, or particular kind of work done: Spinner, Sawyer, Bookkeeper, etc.
9. Industry or business in which work was done: Silk Mill, Saw Mill, Bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1936
11. Total time (years) spent in this occupation: 8 yrs

12. BIRTHPLACE (city or town): Ind
(State or country)
13. NAME: Samuel Albright
14. BIRTHPLACE (city or town): Ind
(State or country)
15. MAIDEN NAME: Laura Brandon

16. BIRTHPLACE (city or town): Ind
(State or country)
17. INFORMANT: Frank Albright
(Address)
18. BURIAL, CREATION, OR REMOVAL: Yes
Place: Bethesda
Date: Apr 7th, 1936
19. UNDERTAKER: Horace Stone
(Address)
20. FILED: 4-20-36 Registr 1081

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: April 18, 1936
22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on April 13, 1936; death is said to have occurred on the date stated above, at

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 HDME, or in PUBLIC PLACE

Manner of injury:
Nature of injury:

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

If so, specify:

Date of onset:

Other Contributory Causes of Importance:

Name of operation:

What test confirmed diagnosis?:

Was there an autopsy?:

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

Reg. 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 housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

### Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1926</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Example II

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

### Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
County: Allegany
Village or City: Cumberland, Md

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

3. SEX
Male

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Married

6. DATE OF BIRTH
April 12, 1900

7. AGE
Years: 35
Months: 11
Days: 20

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

9. OCCUPATION
Wva

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
11. TOTAL TIME (YEARS)

12. BIRTHPLACE
Wva

13. NAME
Frank Alderton

14. MOTHER NAME
Minnie Thomas

15. MOTHER'S RESIDENCE
Cumberland, Md

16. INFIRMARY
Mrs Minnie Alderton

17. INFORMANT
Cumberland, Md

18. BURIAL, CREMATION, OR REMOVAL
Green Mount Cem, April 8, 1936

19. UNDERTAKER
John C. Wolford

20. FILED
April 7, 1936

21. DATE OF DEATH
April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from
April 3, 1936, to April 6, 1936, death is said to have occurred on the date stated above, at 12:30 AM.

23. ACCIDENT, SUICIDE, OR HOMICIDE?

24. DISEASE OR INJURY?

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

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<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>MAY 7, 1936</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

**Example II**

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

**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   - County: Allegany
   - Village or City: Emmitsburg
   - Length of residence in city or town where death occurred: 35 yrs.

2. FULL NAME
   - Benjamin Bay Apple
   - Residence: No. 432 South St., 6-2 Ward

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Feb. 11, 1901
7. AGE: 35 yrs.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Spinner, Sawyer, Bookkeeper, etc.
9. OCCUPATION: Emile Grill

10. DATE OF DEATH (month, day, and year): April 17, 1936
11. PLACE OF DEATH: St. Mary's Hospital, Emmitsburg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1936, to April 17, 1936, and death is said to have occurred on the date stated above, at 3 P.M.

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

Pulmonary Malignancy, 2 yrs.

Other Contributory Causes of importance:

Myocarditis

Name of operation: None

Date of:

What test confirmed diagnosis? Myocarditis

Was there an autopsy? No

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

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting O. S. No. 1.
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<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May, 1928 |

**Example II**

<table>
<thead>
<tr>
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</tr>
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<tbody>
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<td>1 week ago</td>
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<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: ALLEGANY
   Village or City: CUMBERLAND, MARYLAND
   Registration Dist. No.: BROWNING 
   Length of residence in city or town where death occurred: 3 yrs. mos. ds.

2. FULL NAME: GEORGE C. BALLARD
   (a) Residence: WINDSOR HOTEL, CITY
   If U. S. Veteran, specify WAR: X
   (Usual place of abode)
   St., Ward.
   If nonresident give city or town and State

3. SEX: MALE
   COLOR OR RACE: WHITE
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: SINGLE

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

6. DATE OF BIRTH (month, day, and year): about 1900

7. AGE: 36 yrs.
   Years: 36
   Months: 2
   Days: 0
   If LESS then I day, hrs. or min.

8. OCCUPATION: CAFETERIA MANAGER

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

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

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

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

13. NAME: Henry R. Ballard

14. BIRTHPLACE (city or town): Greenville, W.V.
   (State or country)

15. MAIDEN NAME: Alaura Colborn

16. BIRTHPLACE (city or town): Petersburg, W.V.
   (State or country)

17. INFORMANT: W. C. Ballard
   Address: Princeton, W.V.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Petersburg, W.V.
   Date: April 27, 1936

20. FILED: April 27, 1936
   Address: Registrar
   M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death</strong> and related causes of importance were as follows:</td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>May 7, 1926</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 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: Allegany
   - Village or City: Cumberland
   - Registration Dist. No.: 4
   - No.: 339 Frederick St., 4
   - Ward: 6
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - (a) Residence: No. 339 Frederick St., 4
   - (Usual place of abode) Ward: 6

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - Col.

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

6. **DATE OF BIRTH**
   - Month: April
   - Day: 6
   - Year: 1936

7. **AGE**
   - Years: 44
   - Months: 5
   - Days: 0

8. **OCCUPATION**
   - Housewife

9. **DATE DECEASED LIVED AT THIS OCCUPATION**
   - Month: April
   - Day: 6
   - Year: 1936

10. **DATE OF DEATH**
    - Month: April
    - Day: 6
    - Year: 1936

11. **MEDICAL CERTIFICATE OF DEATH**
    - HEREBY CERTIFY, That I attended deceased from February 1, 1936, to April 6, 1936
    - I have no cause for believing that death was caused by any disease not mentioned above.
    - The principal cause of death and related causes of importance were:
      - Tuberculosis
    - Date of onset: 1.1.1936
    - Other contributing causes of importance:
      - Tuberculosis
    - Date of operation: April 6, 1936
    - Date of discharge: April 6, 1936
    - Date of death: April 6, 1936
    - Nature of injury:
    - Menmen of injury:
    - Nature of injury:

22. **DATE OF DEATH**
    - Month: April
    - Day: 6
    - Year: 1936

23. **CAUSE OF DEATH**
    - Accident, suicide, or homicide?
    - Date of injury:
    - Where did injury occur?
    - (Specify city or town, county and State)
    - Specify whether injury occurred in INDUSTRY, HOME, or IN PUBLIC PLACE.
    - Menmen of injury:
    - Nature of injury:

24. **RELATION TO OCCUPATION**
    - Was disease or injury in any way related to occupation of deceased?
      - Yes

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:

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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of onset: RECEIVED 1915</strong></td>
<td><strong>Date of onset: 1 week ago</strong></td>
</tr>
<tr>
<td><strong>Date of onset: MAY 7 1926</strong></td>
<td><strong>Date of onset: 1 week ago</strong></td>
</tr>
<tr>
<td><strong>Date of onset: July 5, 1927</strong></td>
<td><strong>Date of onset: 3 days ago</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><strong>Date of onset: May 1, 1923</strong></td>
<td><strong>Date of onset: 1 year</strong></td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland, Md
   Registration Dist. No: 4
   Memoral Hospital: No
   Within Corporate Limits: 20
   Registration Dist. No: 4
   Memoral Hospital: No
   Ward: 6-1

2. FULL NAME
   (a) Residence: No. 712 N Centre St
   Name: Katherine Berg
   St, Ward:
   (Usual place of abode)

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

   5a. If married, widowed, or divorced
   HUSBAND OF: Helmer Berg
   OR WIFE OF:

   6. DATE OF BIRTH (month, day, and year): April 17, 1912
   7. AGE: 23

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

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

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

   12. BIRTHPLACE (city or town): N C
   (State or country:)

   13. NAME: J E Brown
   14. BIRTHPLACE (city or town): N C
   (State or country:)

   15. MAIDEN NAME: Don't Know
   16. BIRTHPLACE (city or town): Don't Know
   (State or country:)

   17. INFORMANT:
   (Address: Helmer Berg
   Cumberland, Md)

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Mooresville, N C
   Date: April 17, 1936

   19. UNDERTAKER:
   (Address: John C Waldorf
   Cumberland, Md
   Date: April 17, 1936
   Dr. J P Franklin
   M D

   20. FILED:
   Date: April 17, 1936
   Registrar,

   21. DATE OF DEATH:
   (Month) April
   (Day) 16
   (Year) 1936
   193

   22. HEREBY CERTIFY. That I attended deceased from
   April 14, 1936, until April 17, 1936, death is said
   to have occurred on the date stated above, at 9 P M.
   The principal cause of death and related causes of importance
   were as follows:

   Coronary Disease

   Other Contributory Cause of Importance:

   Other Contributory Cause of Importance:

   Name of operation:

   What test confirmed diagnosis:

   Was there an autopsy:

   Accident, suicide, or homicide:
   (Specify city or town, county and State)
   Date of Injury:

   Where did injury occur:
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

   Nature of injury:

   Menon of injury:

   Date of:

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

   Registrat.

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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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</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>May 7, 1936</td>
<td>3 days ago</td>
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<tr>
<td>BUREAU V. S.</td>
<td></td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Allegany
Village or City: Cumberland
Registration Dist. No.: 4
No. Allegany Hospital St., 4
Ward: 0

Length of residence in city or town where death occurred:

2. FULL NAME

(a) Residence: No. 145, W. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

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

1874

7. AGE

52

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

Painter

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

Fuller Webber

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

April 2, 1936

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

13 years

12. BIRTHPLACE (city or town)

Damasville, Florida

13. NAME

N. M. Brallam

14. BIRTHPLACE (city or town)

State or Country

15. MAIDEN NAME

Anna A. Brallam

16. BIRTHPLACE (city or town)

State or Country

17. INFORMANT

Marwell E. Taylor

18. BURIAL, CREMATION, OR REMOVAL

Place: Cumberland

Date: April 8, 1936

19. UNDERTAKER

Rogers Funeral Home

20. FILED

Apr. 8, 1936

REGISTRAR

If more blanks are needed, address State Registrar, 2401 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
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<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   a) Residence: No. 19 Washington St.
   (Usual place of abode)

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH (month, day, and year)
   Dec. 26, 1854

7. AGE
   Years: 81
   Months: 4
   Days: 1

8. Trade, profession, or particular kind of work done, 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)
    Wales

13. NAME
    Nellie Kate Bradley

14. BIRTHPLACE (city or town)
    Wales

15. MAIDEN NAME
    Longyear

16. BIRTHPLACE (city or town)
    Wales

17. INFORMANT
    Mattie Bradley

18. BURIAL, CREMATION, OR REMOVAL
    Allegany Cem. Dec. 24, 1936

19. UNDERTAKER
    Jacob Miller

20. FILED
    4-25-36

21. DATE OF DEATH
    April 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1936 to Apr. 27, 1936, last saw him alive on Apr. 26, 1936; death is said to have occurred on the date stated above, at 7:30 A.M.

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

   Pneumonia

   Other Contributory Causes of Importance:

   Diabetes

   Tuberculosis

   Chorea Hepatitis

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

   Accident, suicide, or homicide?
   Date of injury
   Where did injury occur?
   Specify whether injury occurred in Industry, in home, or in Public place.

   Manner of injury

   Nature of injury

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

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<td>APR 30 1906</td>
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<tr>
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<td>July 5, 1927</td>
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<tr>
<td>Other contributory causes of importance:</td>
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<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
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</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Allegany
Village or City Cumberland
Length of residence in city or town where death occurred 15 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 214 Harrison St., 5

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

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

June 16, 1870

7. AGE

65 yrs.

8. TRADE, PROFESSION, OR PARTICULAR

Engineer, Life Ins. Agent

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

Engineer, Life Ins. Pub.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

Jan. 1, 1936

11. TOTAL TIME SPENT IN THIS OCCUPATION

10 yrs., 1 mo.

12. BIRTHPLACE (city or town)

Wolfran, N.Y.

13. NAME

Owen Brady Sr.

14. BIRTHPLACE (state or country)

Ontario, Canada

15. MAIDEN NAME

Rodolph

16. BIRTHPLACE (state or country)

Ontario, Canada

17. INFORMANT

Owen Brady Jr., 427 Broadway, Cumberland

18. BURIAL, CREMATION, OR REMOVAL

Cumberland

19. UNDERTAKER

James Stine, Cumberland

20. FILED

Apr. 8, 1936, Reg. O. Franklin

21. DATE OF DEATH

April 7, 1936

22. I HEREBY CERTIFY that I attended deceased from April 5, 1936, to April 7, 1936. I last saw him alive on April 7, 1936. Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Tuberculosis

Other Contributory Causes of Importance:

Pneumonia

Name of operation...

Date of...

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

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

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

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) Owen G. Brown

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<tr>
<td><strong>RECEIVED</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td>MAY 7 1936</td>
<td>1 week ago</td>
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<tr>
<td><strong>BUREAU V. S.</strong></td>
<td>3 days ago</td>
</tr>
<tr>
<td>July 5, 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>Gastroenteritis</td>
</tr>
<tr>
<td><strong>RECEIVED</strong></td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County Allegany
   Village or City Matherland
   No. 20 W. Ave St. 6-2
   Length of residence in city or town where death occurred 27 yrs. mos. ds.

2. FULL NAME
   Sex Male
   Date of Birth Dec. 23, 1893
   Age Years 42
   Race White
   Single

3. DATE OF DEATH
   April 5, 1936

4. OCCUPATION
   Mechanic
   Shop

5. PLACE OF DEATH
   Rowlesburg
   W. Va.

6. Certificate of Death
   I HEREBY CERTIFY, That I attended deceased from
   April 2, 1935, to April 6, 1936
   I last saw him alive on April 5, 1936, death is said
to have occurred on the date stated above, at 10 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Alcoholic Intoxication
   Other Contributory Causes of Importance:
   Witnessed Death

7. NATURE OF INJURY
   Manner of injury
   Nature of injury

8. BURIAL, CREMATION, OR REMOVAL
   Place Rowlesburg, W. Va.
   Date Apr. 8, 1936

9. UNDERTAKER
   Louis Stein, Inc.
   Address 634 N. Charles St., Baltimore, Md.

10. WRITING AUTHORITY
    F.P. Burke
    Address Rowlesburg, W. Va.

11. INFORMANT
    James B. Burke
    Address Rowlesburg, W. Va.

12. BIRTHPLACE (city or town)
    Name James B. Burke
    Father Bridget Dailey
    Mother

13. PLACE OF BURIAL
    Rowlesburg, W. Va.

14. SIGNATURE
    F.P. Burke
    Address Rowlesburg, W. Va.

15. REGISTRAR
    M.D.
    Address 135 W. Ave, drum

16. DATE OF FILE
    Apr. 6, 1936

17. ADDRESSES
    Allegany, W. Va.

18. AGE
    Years 42
    Months 3
    Days 13

19. SEX
    Male

20. MARRIED, WIDOWED, OR DIVORCED
    Single

21. DATE OF BIRTH
    Dec. 23, 1893

22. BURIAL, CREMATION, OR REMOVAL
    Place Rowlesburg, W. Va.
    Date Apr. 8, 1936

23. INFORMANT
    F.P. Burke
    Address Rowlesburg, W. Va.

24. DATE OF FILE
    Apr. 6, 1936

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

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

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

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

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

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td></td>
<td>MAY 7, 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td></td>
<td>1921</td>
</tr>
<tr>
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<td></td>
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</tr>
</tbody>
</table>

BUREAU V.S.

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

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>May 1, 1925</td>
<td></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: Allegany
   Village or City: Mt. Savage
   Length of residence in city or town where death occurred: 7 yrs.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   No. St. Ward

2. FULL NAME: Thomas Edward Cashine
   (a) Residence: Mt. Savage, MD.
   (Usual place of domicile)
   Registration Dist. No. 10

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify Highest)
   Married

6. DATE OF BIRTH (month, day, year): Aug 17, 1859
7. AGE: 76 yrs. 9 mos. 8 days
   If LESS than 1 day, ours., hrs.
   or. min.

8. OCCUPATION: Foundryman
   (Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.)
   Union Masonry Co.

9. Date deceased last worked at this occupation (month and year): 1926
10. Total time (years) spent in this occupation: 50

11. BIRTHPLACE (city or town): Mt. Savage
   (State or country)
12. NAME: Martin Cashine
13. MOTHER MOTHER NAME: Not Known
14. BIRTHPLACE (city or town): Not Known
   (State or country)
15. MAIDEN NAME: Not Known
16. INFIRMARY: Thomas Cashine, Jr.
17. INFORMANT: Thomas Cashine, Jr.
18. BURIAL, CREMATION, OR REMOVAL: Mt. Savage, Ind.
19. DEATH CERTIFICATE: April 27, 1936
20. FILING: April 26, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 25, 1936

22. I HEREBY CERTIFY: That I attended deceased from Apr 1936 to Apr 25, 1936.
   I last saw him alive on Apr 18, 1936. Death is said to have occurred on the date stated above, at 3:00 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Coronary Thrombosis
   (Suicide death)

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

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

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

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

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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.

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</table>

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<td>1 week ago</td>
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<td>3 days ago</td>
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Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
</tr>
<tr>
<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: Allegany
   - Village or City: Cumberland
   - Registration Dist. No.: 4
   - Registration No.: 20
   - Hospital: Cumberland Hospital
   - Ward: 4
   - Length of residence in city or town where death occurred: yrs. 4 mos. 4 ds.

2. FULL NAME
   - Thomas Carney
   - If U.S. Veteran, specify WAR: NR-45

   (Usual place of abode)
   - Residence: No.

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   - Male
4. COLOR OR RACE
   - White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   - Married
   - If married, widowed, or divorced HUSBAND or (or) WIFE of: Kathleen Welsh Carney

6. DATE OF BIRTH (month, day, and year)
   - Oct. 7, 1900

7. AGE
   - Years: 35
   - Months: 6
   - Days: 13

8. OCCUPATION
   - Mechanic
9. Grade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   - B & O. Ry.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   - Bloomington, Md.
13. NAME
   - Thomas Carney
14. BIRTHPLACE (city or town)
   - Bloomington, Md.
15. MAIDEN NAME
   - Kathleen Welsh
16. BIRTHPLACE (city or town)
   - Bloomington, Md.

17. INFORMANT
   - Michael Carney
18. BURIAL, CREMATION, OR REMOVAL
   - Place: Westminster, Md.
   - Date: Apr. 29, 1936
19. UNDERTAKER
   - Address: Westminster, Md.
   - H. X. Florsten
20. FILED
   - Date: Apr. 29, 1936
   - Registrar: J. P. Franklin

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   - April 29, 1936
22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936, to April 29, 1936, I last saw him alive on April 20, 1936. death is said to have occurred on the date stated above, at 6:30 A.M.

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

   Other Contributory Causes of importance:
   - General Peritonitis

   Name of operation: Exploratory Taps
   - Date of: 4-16-36
   - What test confirmed diagnosis: Yes
   - Was there an autopsy?: No

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

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

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

1. PLACE OF DEATH

County: Allegany
Village or City: Frostburg
Length of residence in city or town where death occurred: 1 yrs. 1 mos. ds.

2. FULL NAME: Hushig Cole

(a) Residence: No. 113 Park Ave.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: Jul 22, 1873

7. AGE: 63

8. TRADE, PROFESSION, OR PARTICULAR kind of work done: Dairy Farm

9. OCCUPATION: Dairy Farm

10. Date deceased last worked at this occupation: Mar 27, 1936

11. Total time (years) spent in this occupation: 3 yrs.

12. BIRTHPLACE: Frostburg, MD

13. NAME: Mr. Cole

14. BIRTHPLACE: Frostburg, MD

15. MAIDEN NAME: Louise Thomas

16. MOTHER: Unknown

17. INFORMANT: Mrs. Lloyd Jackson

18. BURIAL, CREMATION, OR REMOVAL: Frostburg, Date: April 22, 1936

19. UNDERTAKER: J. H. Allen

20. FILED: Apr 22, 1936

EDWIN B. WATSON, M.D.
Registrar

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

**1. PLACE OF DEATH**

<table>
<thead>
<tr>
<th>County</th>
<th>Allegany</th>
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<tbody>
<tr>
<td>Village or City</td>
<td>Cumberland</td>
</tr>
</tbody>
</table>

**2. FULL NAME**

| First Name | John Doe |
| Last Name | Smith |

**3. SEX**

| Male |

**4. COLOR OR RACE**

| White |

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

| Single |

**6. DATE OF BIRTH**

| Month | 4 |
| Day | 3 |
| Year | 1936 |

**7. AGE**

| Years | 50 |
| Months | 0 |
| Days | 0 |

**21. DATE OF DEATH**

| Month | 4 |
| Day | 3 |
| Year | 1936 |

**22. I HEREBY CERTIFY**

- That I attended the deceased from 19 to 19.
- I last saw the deceased alive on 19; death occurred on the date stated above.

**23. OTHER CONTRIBUTORY CAUSES OF DEATH**

- Eclampsia of Mother

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

- No

**25. IF SO, SPECIFY**

| (Address) | [Signature] |

---

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

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<td>MAY 8, 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 5, 1927</td>
</tr>
</tbody>
</table>

<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.

---

*Note: The document contains a mark on the word "LIVED" with a date "MAY 8, 1936" and a name "BUREAU V.S."*
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County Allegany
   Village or City Cumberland
   Registration Dist. No. 4
   Length of residence in city or town where death occurred: 33 yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   Herman Coleman
   Residence: No. 2 Best Road, Ward 1
   If U.S. Veteran, specify WAR
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   April 1903

7. AGE
   Years: 33
   Months: 0
   Days: 0

8. OCCUPATION
   Laborer

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   Herman Coleman

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

15. MAIDEN NAME
   Jones

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

17. INFORMANT
   Others Coleman (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Allegany Co. (Name of deceased) Date: May 15, 1936

19. UNDERTAKER
   (Address)

20. FILED
   May 16, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   April 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from
   1919 to 1919
   I last saw h. alive on
   1919 to 1919; death is said to have occurred on the date stated above, at
   Accidental
   Date of onset
   Accidental, drowning

23. If death was due to external causes (VIOLENCE) fill in the following:
   Accident, suicide, or homicide: Accidental
   Date of injury: May 15, 1936
   Where did injury occur?: Cumberland
   Specifying city or town, county and State
   Nature of injury: Accidental, drowning

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   Name of operation
   Date of:
   Was there an autopsy?

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Request U.S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

<table>
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<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death</strong></td>
<td><strong>The principal cause of death</strong></td>
</tr>
<tr>
<td><strong>and related causes</strong></td>
<td><strong>and related causes</strong></td>
</tr>
<tr>
<td><strong>of importance were as follows:</strong></td>
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</tr>
<tr>
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

<table>
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<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>
</tbody>
</table>

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

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

2. FULL NAME: Isabella Aimee Coman
   Residence: No. 256 Elder St., 6-3 Ward.

3. SEX: Female
   Color or Race: White
   5a. If married, widowed, or divorced:
      HUSBAND of (or) WIFE of:
      David Dixon Coman

6. DATE OF BIRTH: July 22, 1858
7. AGE: 78 yrs. 22 mos.

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

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: Va.

13. NAME: Mehima Ransier
    MOTHER FATHER: Va.

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

15. MAIDEN NAME: Margaret Malcolm

17. INFORMANT:
    Address: 256 Elder St.

18. BURIAL, CREMATION, OR REMOVAL:
    Place: Pittsburgh, Pa.
    Date: Apr. 17, 1936

19. UNDERTAKER: Louis Stein
    Address: Asbury Island

20. FILED:
    Apr. 16, 1936

21. DATE OF DEATH:
    April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from:
    Jan. 5, 1936 to: April 14, 1936
    Last saw said deceased alive on: April 11, 1936
    Death is said to have occurred on the date stated above, at 10 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Arteriosclerosis

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: None
    Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify:
    (Signed) Mrs. C. O. Coman M.D.
    Address: 132 Washington St.

If more blanks are needed, address State Registrar, 2411 E. 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:

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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>MAY 7, 1926</td>
<td>Date of onset: 5 days ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>Other contributory causes of importance:</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>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

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

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

2. FULL NAME
   John W. Kerr
   (a) Residence No.: 57.5 Hilly
   (b) Ward: 3
   If U.S. Veteran, specify WAR: 
   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
   Married

6. DATE OF BIRTH
   June 15, 1869

7. AGE
   Years: 66
   Months: 10
   Days: 5

8. OCCUPATION
   Farmer

9. OCCUPATION
   None

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

11. Total time (years) spent in this occupation

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

13. NAME
    Daniel Kerr

14. NAME
    Daniel Kerr

15. NAME
    Henry Dunkirk

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

17. INFORMANT
    Ms. John W. Kerr
    (Address)
    Cumberland

18. BURIAL, CREMATION, OR REMOVAL
    Berkeley Springs, W. Va.
    Date: April 21, 1926

19. UNDERTAKER
    (Name)
    (Address)
    J. P. Franklin

20. FILED
    Apr. 21, 1926
    M. D.
    J. P. Franklin, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) 4
    (Day) 20
    (Year) 1926

22. I HEREBY CERTIFY that I attended deceased from 3-23-36 to 4-20-36.
    I last saw deceased alive on 4-15-36.
    Death is said to have occurred on the date stated above, at 4:30 P.M.
    The principal cause of death and related causes of importance were as follows:
    Arteriosclerosis
    Date of onset
    Other Contributory Causes of Importance:
    Name of operation.
    What test confirmed diagnosis?
    Was there an autopsy?
    Accident, suicide, or homicide?
    Date of injury
    Where did injury occur?
    (Specify city or town, county and State)
    Specify whether injury occurred in industry, in home, or in public place.
    Manner of injury
    Nature of injury
    Was disease or injury in any way related to occupation of deceased?
    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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</tr>
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</tr>
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<td>Gastroenteritis</td>
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</tbody>
</table>

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

1. PLACE OF DEATH

County: Baltimore
Village or City: Baltimore

2. FULL NAME

Boy Davis

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

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

Apr. 24, 1936

7. AGE BIRTH

24 years

8. OCCUPATION

(Work not stated)

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

None

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

Apr. 24, 1936

11. TOTAL TIME (YEARS) SpENT IN THIS OCCUPATION

0 years

12. BIRTHPLACE (CITY OR TOWN)

Cumberland

13. NAME

Boy Davis

14. BIRTHPLACE (CITY OR TOWN)

Cumberland

15. MAIDEN NAME

Joanna W. 

16. BIRTHPLACE (CITY OR TOWN)

Cumberland

17. INFORMANT

Boy Davis

18. BURIAL, CREMATION, OR REMOVAL

Rose Hill Cem.

19. UNDERTAKER

Wm. Soule, Cumberland

20. FILED

Apr. 24, 1936

Registrar

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1926 |

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: Allegany
- Registration Dist. No.: 4
- Village or City: Cumberland
- No. of Memorial Hospital: 6
- St.: W
- Ward: 1
- Length of residence in city or town where death occurred: yrs. mos. days
- Name of hospital or institution: Cumberland Memorial Hospital
- How long in U.S. if of foreign birth?: yrs. mos. days

2. FULL NAME

- Othelia Belle Dawson
- U.S. Veteran specify WAR: W
- Usual place of abode: Union Grove, Ind.

PERSONAL AND STATISTICAL PARTICULARS

- SEX: Female
- COLOR OR RACE: White
- SINGLE, MARRIED, WIDOWED, DIVORCED: Widowed
- HUSBAND or WIFE of: Thomas J. Dawson
- DATE OF BIRTH (month, day, and year): Jan 19, 1876
- AGE (years, months, days): 60 yrs. 2 mos. 21 days
- TRADE or profession, or particular kind of work done: Housewife
- Occupation: Housewife
- Date deceased last worked at this occupation (month end year):
- Total time (years, months, days) spent in this occupation: unknown
- BIRTHPLACE (city or town): Union Grove Ind.
- State or country: unknown
- MOTHER: Mary M. Bell
- FATHER: John H. Williamson
- BIRTHPLACE (city or town): Union Grove Ind.
- State or country: unknown
- DATE OF DEATH
- (Month): 1
- (Day): 9
- (Year): 1936

3. MEDICAL CERTIFICATE OF DEATH

- I HEREBY CERTIFY that I attended deceased from
- Date of death: 7-25-1936
- Last seen alive on: 4-9-1936
- Date of death: 4-9-1936
- Death occurred on the date stated above: 2:14 p.m.
- The PRINCIPAL CAUSE OF DEATH and related causes of importance:

- Other Contributory Causes of importance:

4. Date of operation:
- Name of operation: Blood & Band
- Date of operation: 7-25-1936
- What was the confirmed diagnosis?: Blood & Band
- Was there an autopsy?: No.

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

24. Was disease or injury in any way related to occupation of deceased?: No.
- If so, specify:
- (Address): Dr. J.P. Franklin
- (Signed): M.D. W.J. Hunsinger

FILED: Apr. 11, 1936
- Registrar: Registrar
- If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting 'U. S. No. 1.'
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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<tr>
<th>Example I</th>
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<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>REVEIVE</td>
<td>1915</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>RECEIVED MAY 7 1936</td>
<td>1921</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>BUREAU Y.S.</td>
<td>July 5, 1927</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td></td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Gallstones</td>
<td></td>
<td></td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td></td>
<td>May 1, 1925</td>
<td></td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   (a) Residence: No. 70 State Road, Ward: Y
   (b) If U.S. Veteran, specify WAR: Y

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Female
   COLOR OR RACE: White
   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   If married, widowed, or divorced: HUSBAND: Clyde D. Hanson

4. DATE OF BIRTH
   Month: 9
   Day: 14
   Year: 1918

5. AGE
   Years: 77
   Months: 9
   Days: 14
   If LESS than 1 day, hrs. or mins.: 14

6. OCCUPATION
   Occupation: Housewife

7. BIRTHPLACE (city or town)
   State or country: Washington, D.C.

8. MOTHER FATHER
   Name: Virginia Hanson
   Birthplace: Washington, D.C.

9. INFORMANT
   Address: 70 State Road, Loysburg

10. BURIAL, CREMATION, OR REMOVAL
    Place: Allegany, Date: Dec. 21, 1936

11. DEATH CERTIFICATE
    Date: June 21, 1936
    Place of death: Allegany

12. MEDICAL CERTIFICATE OF DEATH
    Date of onset: June 21, 1936
    Date of death: June 21, 1936

13. OTHER CONTRIBUTORY CAUSES OF DEATH
    Cause: Pulmonary Tuberculosis

14. CAUSE OF DEATH
    Date of operation: June 21, 1936
    Date of death: June 21, 1936
    What was the cause of death?: Pulmonary Tuberculosis
    Was there an autopsy?: Y

15. INJURY OCCURRED
    Place: Allegany, Date: Sep. 24, 1936
    Nature of injury: Pulmonary Tuberculosis
    Nature of injury: Tuberculosis

16. UNOBTAINABLE
    Address: 70 State Road, Loysburg

17. FILED
    Date: June 21, 1936
    Registrar: J. C. Frankle

If more blanks are needed, address State Registrar, 2472 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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</tr>
<tr>
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<td>Date of onset: 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset: July 5, 1927</td>
</tr>
<tr>
<td>RECEIVED</td>
<td></td>
</tr>
<tr>
<td>MAY 7, 1926</td>
<td></td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
State of Maryland—Certificate of Death

1. Place of Death
   - County: Allegany
   - Registration Dist. No.: 47
   - Village or City: Cumberland
   - 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
   - John Andrews Doerner
   - If U.S. Veteran, specify War: 
     - Residence: No. 122 Union St., 5th Ward
     - (Usual place of abode)

Personal and Statistical Particulars

3. Sex
   - Male

4. Color or Race
   - White

5. Single, Married, Widowed, or Divorced
   - Widowed

6. Date of Birth
   - June 24, 1886

7. Age
   - Years: 79
   - Months: 6
   - Days: 13

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, Bookkeeper, etc.
   - Railroader

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

10. Date deceased last worked at this occupation (month and year)
    - 1918

11. Total time spent in this occupation
    - 40 yrs.

12. Birthplace (city or town)
    - Cumberland, Ind.

13. Name
    - John Andrews Doerner

14. Birthplace (city or town)
    - Cumberland

15. Maiden Name
    - Anna Doerner

16. Birthplace (city or town)
    - Cumberland, Ind.

17. Informant
    - Lillian Doerner

18. Burial, Cremation, or Removal
    - Place: St. Peter's Church
    - Date: April 9, 1936

19. Undertaker
    - J. D. Thomas & Son

20. Filed
    - Date: April 8, 1936

Medical Certificate of Death

21. Date of Death
    - April 7th, 1936

22. I hereby certify, that I attended deceased from April 1st, 1936, to April 7th, 1936.

23. Signature of physician:
    - April 7th

24. Principal Cause of Death
    - Acute Mononcho Pneumonia

25. Other Contributory Causes of Importance
    - Tuberculosis

26. Date of onset
    - April 1st

27. Name of operation
    - Date of:

28. What test confirmed diagnosis?
    - Was there an autopsy?

29. 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.

30. Manner of injury
    - Nature of injury

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

32. Signature
    - (Signed)
    - (Address)

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

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<tr>
<td>Cerebral hemorrhage</td>
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</table>

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<p>| The principal cause of death and related causes of importance were as follows: |</p>
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<th>Date of onset</th>
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

**Example I**

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

**Example II**

<p>| Other contributory causes of importance: |</p>
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<tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Allegany
No.
Registration Dist. No. 2003
Village or City Zintkanza. Md.
St. St.
Ward 5
Length of residence in city or town where death occurred 21 yrs. 3 mos. ds.
How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Peter J. Donahue

(a) Residence: No. (Usual place of abode)
Zintkanza. Md. St.
Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

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

6. DATE OF BIRTH (month, day, and year) April 13, 1875

7. AGE Years 60

8. OCCUPATION Coal Mine

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) April 13, 1875

11. Total time (years) spent in this occupation 74 yrs.

12. BIRTHPLACE (city or town) Donahue

13. NAME Edward Donahue

14. BIRTHPLACE (city or town) Ireland

15. MAIDEN NAME Margaret Nolan

16. BIRTHPLACE (city or town) Ireland

17. INFORMANT (Address) Mrs. Margaret Arnold, 48 E. Rocks Stans.

18. BURIAL, CREMATION, OR REMOVAL Place of burial, cremation, or removal


20. FILED April 16, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 13, 1936

22. I HEREBY CERTIFY That I examined the body on April 13, 1936.

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

Cause of death: Found dead.
In autopsy done.

Other Contributory Causes of death:

Name of operation.

What test confirmed diagnosis?

Date of autopsy.

24. Was death 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.

If so, specify

(Signed) M.D.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U.S. No 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Chronic interstitial nephritis</td>
<td>APR 30, 1933</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
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</table>

Other contributory causes of importance:

Gallstones                                                                 | May 1, 1928    |
Gastroenteritis                                                            | 1 year

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

1. PLACE OF DEATH

County: Allegany
Village or City: Cumberland
No. 6 Pelton St., 12th Ward
Length of residence in city or town where death occurred: 87 yrs., 5 mos., 14 ds.

2. FULL NAME: Margaret J. Dowden

(a) Residence: No. 6 Pelton St.

(Usual place of abode)

22. I HEREBY CERTIFY, That I attended deceased from
March 1, 1936, to April 26, 1937.
I last saw her alive on April 15, 1937. Death is said to have occurred on the date stated above.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?

Specified whether injury occurred in the occupation.

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

Date of death: April 26, 1937

Certificate File No. 3623

Registration Dist. No. 1

21. DATE OF DEATH

April 26
(Month)
(Day)
1937
(Year)

22. I HEREBY CERTIFY, That I attended deceased from
March 1, 1936, to April 26, 1937.
I last saw her alive on April 15, 1937; death is said to have occurred on the date stated above. I certify

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Specify whether injury occurred in Industry, in Home, or in Public Place.

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| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | Gastroenteritis |

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Hancock
   Length of residence in city or town where death occurred: 7 yrs., 0 mos., 0 ds.
   Registration Dist. No.: 8

2. FULL NAME
   (a) Residence: No. 400, Homestead Church St., Hancock
   Name: Frances C. Duckworth
   (b) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed
   HUSBAND OF (or) WIFE OF: Simon H. Duckworth
   Date of marriage: Dec. 41, 1844

6. DATE OF BIRTH (month, day, and year)
   Dec. 41, 1844

7. AGE
   Years: 91
   Months: 3
   Days: 20

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

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

10. Date deceased last worked at this occupation
    March 1936

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

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

13. NAME
    Frances C. Duckworth

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

15. MAIDEN NAME
    Unknown

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

17. INFORMANT
    Name: John H. Hamilton
    Address: Hancock

18. BURIAL, CREMATION, OR REMOVAL
    Place: Oak Hill Cemetery
    Date: Apr. 3, 1936

19. UNDERTAKER
    Name: H. Gillham
    Address: Hancock

20. FILED
    Date: Apr. 2, 1936

21. DATE OF DEATH
    (Month) April
    (Day) 1
    (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
    March 27, 1936, to April 1, 1936
    I last saw her alive on March 31, 1936; death is said
    to have occurred on the date stated above, at 10:30 A.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Cerebral Hemorrhage
   Date of onset: 3/29/36

   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 (VIOL ENCE) fill in also the following:
   Accident, suicide, or homicide?
   Data of injury...
   Where did injury occur?
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury...
   Nature of injury...

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>RECEIVED</strong></td>
<td></td>
</tr>
<tr>
<td><strong>MAY 7 1926</strong></td>
<td><strong>July 5, 1927</strong></td>
</tr>
<tr>
<td><strong>BUREAU V.S.</strong></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>Gastroenteritis</td>
</tr>
<tr>
<td><strong>May 1, 1923</strong></td>
<td><strong>1 year</strong></td>
</tr>
</tbody>
</table>

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

**1. PLACE OF DEATH**
- County: Allegany
- Village or City: Frostburg
- No. 156 Wood St., Ward 1
- If death occurred in a hospital or institution, give its NAME instead of street and number.

**2. FULL NAME**
- Dora Willets Duncan
- Residence: No. 156 Wood St., Ward 1
- If U.S. Veteran, specify WAR.

**PERSONAL AND STATISTICAL PARTICULARS**
- SEX: Female
- COLOR OR RACE: White
- SINGLE, MARRIED, WIDOWED, OR DIVORCED: MARRIED
- If married, widowed, or divorced: Wife of Hugh Duncan

**DATE OF DEATH**
- April 26, 1936

**DATE OF BIRTH**
- Nov. 10, 1853

**AGE**
- Years: 52
- Months: 5
- Days: 17
- If less than 1 day, hrs. or min.

**OCCUPATION**
- At home

**BIRTHPLACE**
- Frostburg, Maryland

**NAME**
- Francis Willets

**FATHER**
- Francis Willets

**MOTHER**
- Frances Biddington

**MAIDEN NAME**
- Frances Biddington

**INFORMANT**
- Hugh Duncan
- Address: Frostburg, Md.

**BURIAL, CREMATION OR REMOVAL**
- Place: Frostburg, Md.
- Date: April 29, 1936

**UNOERTAKER**
- Karr, Frostburg, Md.

**FILED**
- 4-5-36, 1936

**M.D.**
- M. O.

**CAUSE OF DEATH**
- Cerebral Embolism
- Date of onset: 4/26/36

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
- Endocarditis
- Date: 1934

**If more blanks are needed, address State Registrar, 2311 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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8.—The trade, profession, or particular kind of work done.
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<thead>
<tr>
<th>The principal cause of death and related causes</th>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>JUN 2 1936</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td></td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>BUREAU V. S.</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance</td>
<td></td>
<td>May 1, 1933</td>
</tr>
</tbody>
</table>

**Example II**

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

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No. No. 136 No. 27
   No. 135 No. 27 St., 21
   Length of residence in city or town where death occurred

2. FULL NAME: Mrs. Alma Eaton
   (a) Residence: No. 135 N. Centre St., 21
   If U. S. Veteran, specify WAR Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED,
   OR DIVORCED (Write the word) WIDOW

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

6. DATE OF BIRTH (month, day, and year) May 15, 1868

7. AGE
   Years 67
   Months 11
   Days 10
   If LESS than 1 day, hours, or min.

8. TRADE, PROFESSION, OR PARTICULAR
   KIND OF WORK DONE, AS SPINNER,
   SAWYER, BOOKKEEPER, etc.
   Housework

9. OCCUPATION
   None

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

11. Total time (years) spent in this occupation

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
    Address: Mrs. Alfred Morris, 946 N. Centre St., 21

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cumberland, 946 N. Centre St., 21
    Date: Apr. 27, 1936

19. UNDERTAKER
    Address: Louis Stein, Cumberland

20. FILED
    Date: Apr. 27, 1936, M. D. Franklin

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Mar. 16, 1926, to Apr. 25, 1936. I last saw
    him alive on Apr. 25, 1926; death is said
    to have occurred on the date stated above, at 11:00 a.m.

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


Other Contributory Causes of Importance:


Name of operation


What test confirmed diagnosis? Chol. + Cancer
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.

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

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---

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<table>
<thead>
<tr>
<th>Cause of death and related causes of importance</th>
<th>Date of onset</th>
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<td>1921</td>
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<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

---

**Example II**

<table>
<thead>
<tr>
<th>Cause of death and related causes of importance</th>
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<th>Cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
</table>

---

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Length of residence in city or town where death occurred: 5 yrs.

2. FULL NAME: W. Edmondson
   (a) Residence: No. 5, City, Cumberland, St., 5 Ward
   If U.S. Veteran specify WAR: X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (specify the word): Married
   HUSBAND or WIFE OF: Lillie Ford
6. DATE OF BIRTH (month, day, and year): April 15, 1902
7. AGE: 34 yrs., 12 mos.
8. Trade, profession, or particular kind of work done: Restaurant
9. Industry or business in which work was done: SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year): Oct. 36
11. Total time (years) spent in this occupation: 7 yrs.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 4-27-1936
22. I HEREBY CERTIFY, that I attended deceased from 4-1-1936, to 4-27-1936; death is said to have occurred on the date stated above, at 3 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Pulmonary .
   Other Contributory Causes of importance:

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

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

25. If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>RECEIVED 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>May 7 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>[Bureau V. S.](July 5, 1927)</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1923</td>
<td><strong>Gastroenteritis</strong> 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County Allegany
   Village or City Cumberland, 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 Bessie Eisenhower
   (a) Residence: No. 109 Shaw Place

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX Female
   4. COLOR OR RACE White
   5a. If married, widowed, or divorced
      HUSBAND or (or) WIFE of Charles Eisenhower
   6. DATE OF BIRTH (month, day, and year) Oct. 20, 1873
   7. AGE Years 62
      Months 6
      Days 8
      If LESS then 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) Md
      (State or country)
   13. NAME Geo W. Colbert
   14. BIRTHPLACE (city or town) Md
      (State or country)
   15. MAIDEN NAME Laura M. Chaney
   16. BIRTHPLACE (city or town) Md
      (State or country)
   17. INFORMANT Mrs Fannie. Miles Cumberland, Md
      (Address)
   18. BURIAL, CREMATION, OR REMOVAL Cem. Hillcrest
      Place
      Date May 1
   19. UNDERTAKER John C. Wolford
      Cumberland, Md
      (Address)
   20. FILED May 1, 1936
   Dr. John B. Franklin
   Registrar

3. SEX Female
   4. COLOR OR RACE White
   5a. If married, widowed, or divorced
      HUSBAND or (or) WIFE of Charles Eisenhower
   6. DATE OF BIRTH (month, day, and year) Oct. 20, 1873
   7. AGE Years 62
      Months 6
      Days 8
      If LESS then 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) Md
      (State or country)
   13. NAME Geo W. Colbert
   14. BIRTHPLACE (city or town) Md
      (State or country)
   15. MAIDEN NAME Laura M. Chaney
   16. BIRTHPLACE (city or town) Md
      (State or country)
   17. INFORMANT Mrs Fannie. Miles Cumberland, Md
      (Address)
   18. BURIAL, CREMATION, OR REMOVAL Cem. Hillcrest
      Place
      Date May 1
   19. UNDERTAKER John C. Wolford
      Cumberland, Md
      (Address)
   20. FILED May 1, 1936

   (Signed)
   Dr. John B. Franklin
   Registrar

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death</th>
<th>Date of onset</th>
<th>Related causes of importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td></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</th>
<th>Date of onset</th>
<th>Other contributory causes of importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
<td></td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
<td></td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Mount Wolf
   Registration Dist. No. 4
   No. 406 S. Althea St.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: 30 yrs.
   (Usual place of abode)
   Residence: No. 406 S. Althea St.

2. FULL NAME
   (a) Residence: No. 406 S. Althea St.
   (Usual place of abode)
   If U. S. Veteran, specify WAR
   Mary J. Garret
   St. 6-2 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)
   Divorced

6. DATE OF BIRTH (month, day, and year)
   Feb. 4, 1867

7. AGE
   Years: 78
   Months: 2
   Ows: 11
   If LESS then 1 day, hours, or minutes

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Dale of Maryland

13. NAME
    Basil Garret

14. BIRTHPLACE (city or town)
    Dale of Maryland

15. MAIDEN NAME
    Kelley

16. BIRTHPLACE (city or town)
    Dale of Maryland

17. INFORMANT
    J. B. Garret
    Address: 406 S. Althea St.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Long Grove Cem.
    Date: Feb. 23, 1936

19. UNDERTAKER
    J. P. Franklin
    Address: Dale of Maryland

20. FILED
    Apr. 22, 1936
    X. P. Franklin

21. DATE OF DEATH
    Apr. 20, 1936

22. I HEREBY CERTIFY That I attended deceased from
    Apr. 20, 1936 to Apr. 20, 1936
    I last saw deceased alive on Apr. 20, 1936
    death is certain to have occurred on the date stated above, at 11:45 P.M.

    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Chronic Myocarditis
    Date of onset: 1925
    Date of death: 1936

    Other Contributory Causes of importance:

    Neme of operation
    Date of operation
    What test confirmed diagnosis?
    Date of test
    Was there an autopsy?
    Date of 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.
    Menne of injury
    Nature of injury
    Date of injury

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

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

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

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

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

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

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

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

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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 7, 1936</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1933</td>
</tr>
</tbody>
</table>

Example II

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

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

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

2. FULL NAME
   Name: William M. Garrett
   Residence: No. 511 Pennsylvania Ave. St. 6
   (Usual place of abode)

3. PERSONAL AND STATISTICAL PARTICULARS
   5. Single, Married, Widowed, or Divorced: Married

4. MEDICAL CERTIFICATE OF DEATH
   21. Date of Death: April 7, 1936

   22. I hereby certify that I attended deceased from April 1936 to April 7, 1936. I certify to have occurred on the date stated above, at 12:00 P.M. The principal cause of death and related causes of importance were as follows:
   Coronary choreography

   Other Contributory Causes of Importance:
   Chronic nephritis

   Name of operation: unknown
   Name of person: unknown
   Date of operation: unknown

   Other information:
   Was there an autopsy? No

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

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

   (Signed) unknown
   (Address) unknown

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

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

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—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>MAY 7 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>JUNE 1,1926</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JUNE 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

| Gallstones | May 1, 1933 |
| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County Allegany
Village or City Cumberland
Length of residence in city or town where death occurred

2. FULL NAME

Anthony Gilmore
(a) Residence: No. 526 State St., 1st Ward.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male
COLOR OR RACE Colored
SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5a. If married, widowed, or divorced
HUSBAND OF

WIFE OF

6. DATE OF BIRTH (month, day, and year) March 1857
AGE 84 Years

7. TRADE, PROFESSION, OR PARTICULAR
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.,

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) W. Va.

13. NAME

14. BIRTHPLACE (city or town) W. Va.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) W. Va.

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

21. DATE OF DEATH

4-22-1936

22. I HEREBY CERTIFY, That I attended deceased from

4-12-1936 to 4-22-1936

I last saw him alive on 4-22-36, 19; death is said to have occurred on the date stated above, at 7 p.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cause of death: Organic Heart Disease

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:

Date of injury

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.

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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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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11.—The number of years the deceased followed the occupation.

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</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 week ago</td>
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<td></td>
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<td>Gastroenteritis</td>
</tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: ALLEGANY
   Village or City: CUMBERLAND, MD.
   Memorial Hospital
   Length of residence in city or town where death occurred: 1 year, 1 month, 1 day

2. FULL NAME: CARL EDWARD GOUGH
   (a) Residence: NO. 34, SHALMARA, MD.
   (b) Occupation: HOSTLER OF (or WIFE OF)

PERSONAL AND STATISTICAL PARTICULARS

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: APRIL 1, 1936
   (Day): 193
   (Year)

22. I HEREBY CERTIFY that I attended deceased from
   I last saw h. ALIVE ON: 1936.12.19.
  _death is said to have occurred on the date stated above at 21:40 A.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Pre Maturag

23. Other Contributory Causes of Importance:

   Name of operation...

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

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

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

Dated...

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

If more blanks are needed, address State Registrar, 3411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<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>RECEIVED 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>MAY 7 1926</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</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 Allegany
   Village or City Cumberland, 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)
   No. Route 2
   St. = Ward
   How long in U.S. if of foreign birth yrs. mos. ds

2. FULL NAME
   Florence Almeda Gross
   (a) Residence: No. 9 Miles East of Cumberland
   (Usual place of abode)
   Ward
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (service the word)
   Female   White   Married

6. DATE OF BIRTH (month, day, and year)
   June 24, 1871

7. AGE
   Years 65
   Months 9
   Days 21
   If LESS than 1 day, ... hrs.
   or ... min.

8. TRADE, PROFESSION, OR PARTICULAR kind of work done, as SPINNER,
   SAWER, BODKEEPER, etc.
   House wife

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
   Oliver E. Rice.

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

15. MAIDEN NAME
   Margart. Zimmerley

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

17. INFORMANT
   Geo. Gross
   (Address) Rfd 2 Cumberland, Md

18. BURIAL, CREMATION, OR REMOVAL
   Place Pleasant Grove
   Date April 16, 1936

19. UNDERTAKER
   John C. Wolford
   (Address) Cumberland, Md

20. FILED
   Apr. 16, 1936
   J. J. Franklin
   Registrar

21. DATE OF DEATH
   April 13th, 1936

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY That I attended deceased from March 19, 1936 to April 13, 1936
   I last saw him ... alive on April 12, 1936, at 11 Pm.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Pneumonia (Malignant) System

   Other Contributory Cause of importance:

Name of operation

What test confirmed diagnosis?

Date of

23. If death was due to external cause (VIOLANCE) 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)

James J. Johnson M.D.

25. more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
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<tr>
<th>Other contributory causes of importance:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
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<tr>
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<td>1 week ago</td>
</tr>
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<td>Peritonitis</td>
<td>3 days ago</td>
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<tr>
<th>Other contributory causes of importance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County Allegany
   Village or City Spacing
   Length of residence in city or town where death occurred 9 yrs.

2. FULL NAME
   Sarah P. Lyons

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH
   Sept. 11, 1870

7. AGE
   90 yrs.

8. Occupation
   Housework

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

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

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

12. BIRTHPLACE (city or town)
    Harrodsburg

13. NAME
    James Aye

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

15. MAIDEN NAME
    Nancy Mullin

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

17. INFORMANT
    Dr. John A. Lyne

18. BURIAL, CREMATION, OR REMOVAL
    Place of interment

19. UNDERTAKER
    (Address)

20. FILED
    Apr. 29, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27th, 1936, to April 27, 1936

   I last saw her alive on April 27, 1936; death is said to have occurred on the date stated above, at 10:00 a.m.

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

   Tuberculosis

   Other Contributory Causes of Importance:

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

   23. If death was due to external causes (violence) fill in also the following:
       Accident, suicide, or homicide?
       Date of Injury
       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) Henry M. Hodgson, M.D.
   (Address) Harrodsburg, Ky.

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

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<td>Date of Onset: May 7, 1935</td>
<td>1 week ago</td>
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of Onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of Onset: 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: Allegany
   - Village or City: Cumberland, Md.
   - Registration Dist. No. 4
   - St. Jail
   - Ward 1
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Stillborn Hamilton
   - If U.S. Veteran specify WAR.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - 3a. Residence: No. (Usual place of abode)
   - St., Ward.
   - If nonresident give city or town and State

4. **SEX**
   - Male

5. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: April
   - Day: 25
   - Year: 1936

7. **AGE**
   - 2 months in store

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

9. **DATE deceased last worked at this occupation (month and year)**

10. **BIRTHPLACE**
    - City or town: Cumberland, Ind.
    - State or country:

11. **NAME**
    - Charles Wood Hamilton

13. **BIRTHPLACE**
    - City or town: Cumberland, Ind.
    - State or country:

15. **MAIDEN NAME**
    - Geraldine Brown

16. **BIRTHPLACE**
    - City or town: Cumberland, Ind.
    - State or country:

17. **INFORMANT**
    - Mr. C. W. Hamilton
    - Address:

18. **BURIAL, CREMATION, OR REMOVAL**
    - Date: Apr. 25, 1936

19. **UNDERTAKER**
    - Family
    - Address:

20. **FILED**
    - Apr. 25, 1936
    - By: J. F. Franklin
    - Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Month: April
    - Day: 25
    - Year: 1936

22. **I HEREBY CERTIFY**
    - That I attended deceased from April 25, 1936, to April 25, 1936.
    - I last saw deceased April 25, 1936; death is said to have occurred on the date stated above, at 6 a.m.
    - The principal cause of death and related causes of importance were as follows:

23. **Name of operation**
    - Date of:
    - What test confirmed diagnosis?
    - Date of injury:
    - Where did injury occur?
    - Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.
    - Manner of injury:
    - Nature of injury:
    - If so, specify

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

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>MAY 7 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td></td>
</tr>
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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: Westminster
   - Registration Dist. No.: 6

2. **FULL NAME**
   - Surname: Fassnacht
   - Given Name: Lolly Essondene
   - Residence: No. 53 Wood St., Westminster

3. **SEX**
   - M.

4. **COLOR OR RACE**
   - [Blank]

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

6. **DATE OF BIRTH**
   - June 17, 1930

7. **AGE**
   - Years: 5
   - Months: 10
   - Days: 0

8. **OCCUPATION**
   - Spinner

9. **DATE OF DEATH**
   - April 27, 1936

10. **CAUSE OF DEATH**
    - Pneumonia, Chronic

11. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - None

12. **INFORMANT**
    - C. S. Brown

13. **BURIAL, CREMATION, OR REMOVAL**
    - Frostburg, Md. Date: April 27, 1936

14. **UNDEUTER**
    - D. S. Brown

15. **FILING**
    - April 27, 1936

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:

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: Allegany
   - Village or City: Emmitsburg
   - Length of residence: yrs. mos. ds.

2. **Full Name**
   - Andrew Johnson Henry
   - If U.S. Veteran, specify War: 18 - 45

3. **Personal and Statistical Particulars**
   - Sex: Male
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Widowed

4. **Date of Birth**
   - Year: 1857

5. **Age**
   - Years: 64
   - Months: 11
   - Days: 12

6. **Date Deceased Last Worked**
   - Year: 1840

7. **Birthplace**
   - City or town: Va.

8. **Father**
   - Name: Michael Henry

9. **Mother**
   - Name: Catherine Henry

10. **Informer**
     - Name: Wm. Henry

11. **Burial, Cremation, or Removal**
    - Place: Bank Street

12. **Undertaker**
    - Name: Wm. Henry

13. **Date of Death**
    - Month: 4
    - Day: 30
    - Year: 1936

14. **Cause of Death**
    - Coronary

15. **Contributory Causes of Importance**

16. **Date of Onset**

17. **Register**
    - Signature: Wm. Henry

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 4
   Address: 244 Yarning Ave., St., 6-21
   Length of residence in city or town where death occurred: 20 yrs. mos. ds.

2. FULL NAME: Thos. A. Herron
   (a) Residence: No. 244 Yarning Ave., St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Aug. 6, 1869
7. AGE: 66 yrs. 8 mos. 8 days

8. OCCUPATION: Machinist Helper

9. RESIDENCE (Describe the place of abode): 244 Yarning Ave., St., Ward.

10. Date deceased last worked at this occupation (month and year): 1870
11. Total time (years) spent in this occupation: 1870

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

13. NAME: Thos. Herron

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

15. MAIDEN NAME: Clementine Pierce

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

17. INFORMANT (Address): Mrs. Elizabeth Cooper

18. BURIAL, CREMATION, OR REMOVAL
   Place: Allegany, 244 Yarning Ave., St., 6-21, Ward
   Date: April 16, 1930

19. UNDERTAKER (Address): Louis Stein, Inc.

20. FILED: April 16, 1930

21. DATE OF DEATH: April 14, 1930
    (Month) (Day) (Year)

22. J. HEREFY CERTIFY, That I attended deceased from
   April 3rd to April 14, 1930

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: No
   Date of injury: 1930

24. Was disease or injury in any way related to occupation of deceased? No
   If so, specify: None

25. If resident give city or town and State: 244 Yarning Ave., St., Ward
   If nonresident give city or town and State: 244 Yarning Ave., St., Ward

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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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.

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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></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
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</tr>
<tr>
<td>Gallstones</td>
<td><strong>May 1, 1923</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td></td>
<td><strong>1 year</strong></td>
</tr>
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**
# STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH
- **County**: ALLEGANY
- **Village or City**: CUMBERLAND
- **Registration Dist. No.**: 20
- **Hospital**: MEMORIAL HOSPITAL
- **Ward**: 6-A
- **Length of residence in city or town where death occurred**: 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME
- **LOTTIE HOOPENGARDNER**
- **Residence**: LITTLE ORLEANS, MD.
- **Occupation**: HOUSEWIFE

## 3. SEX
- **FEMALE**

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

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

## 6. DATE OF BIRTH
- **MARCH 24, 1881**

## 7. AGE
- **55**

## 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, E.G., SPINNER, SAWSER, BOOKKEEPER, ETC.
- **HOUSEWIFE**

## 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, E.G., SILK MILL, SAW MILL, BANK, ETC.
- **None**

## 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
- **MARCH 24, 1881**

## 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
- **0**

## 12. BIRTHPLACE (CITY OR TOWN)
- **MARYLAND**

## 13. NAME
- **FRANK HELLER**

## 14. BIRTHPLACE (CITY OR TOWN)
- **MARYLAND**

## 15. MAIDEN NAME
- **FANNIE MURRAY**

## 16. BIRTHPLACE (CITY OR TOWN)
- **MARYLAND**

## 17. INFORMANT
- **MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND**

## 18. BURIAL, CREMATION, OR REMOVAL
- **Place**: Bucks Valley, PA
- **Date**: April 21, 1936

## 19. Undertaker
- **Artemas, PA**

## 20. FILED
- **Apr. 21, 1936**

## 21. DATE OF DEATH
- **APRIL 19, 1936**

## 22. I HEREBY CERTIFY

## 23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

## 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
- **Yes**

## 25. SIGNATURE
- **Dr. Gracie**

---

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

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

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</tr>
</thead>
<tbody>
<tr>
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<td>MAY 7 1921</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>BUREAU V. S.</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

### 1. PLACE OF DEATH
- County: Allegany
- Village or City: Cumberland, Md
- No. Allegany Hospital
- Registration Dist. No.: 4
- Ward: 4
- Within Corporate Limits
- Length of residence in city or town where death occurred: yrs. mos. ds.

### 2. FULL NAME
- Vicie Kimble
- Residence: No. Flintstone, Md

### PERSONAL AND STATISTICAL PARTICULARS

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

<table>
<thead>
<tr>
<th>6a. If married, widowed, or divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUSBAND OF (or) WIFE of Glenn Kimble</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 21, 1914</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years: 21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>House Wife</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>10. Date deceased last worked at this occupation (month and year)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11. Total time (years) spent in this occupation</th>
</tr>
</thead>
</table>

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

### 13. NAME
- Geo. Self

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

### 15. MAIDEN NAME
- Lola Teeters

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

### 17. INFORMANT
- Address: Glenn Kimble
- Near: Flintstone, Md
- Date of Birth: April 11, 1936

### 18. BURIAL, CREMATION, OR REMOVAL
- Place: Bible Cemetery
- Date: April 11, 1936
- Near: Flintstone, Md

### 19. UNDERTAKER
- Address: John C. Wolford
- (City or town): Cumberland

### 20. FILED
- Date: April 9, 1936

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
- April 8, 1936, 193

**22. I HEREBY CERTIFY**
- That I attended deceased from April 2, 1936, to April 8, 1936
- I last saw him alive on April 7, 1936, and said he died on April 8, 1936
- The principal cause of death and related causes of importance were as follows:
  - Asthema Pulmonis

### Other Certifying Causes of Importance:

### Name of operation:
- Exploratory for tumors

### Date of:
- April 6, 1936

### What test confirmed diagnosis:
- Autopsy

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

### Manner of injury:

### Nature of Injury:

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

---

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<td>1915</td>
<td>1 week ago</td>
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<tr>
<td>MAY 7, 1930</td>
<td>Run over by street car 1 week ago</td>
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<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 Allegany
   Village or City /Spa../
   Length of residence in city or town where death occurred 6 yrs. mos. ds
   No.  St., Ward
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   yrs. mos. ds
   How long in U.S. if of foreign birth? yrs. mos. ds

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   April 7, 1897

7. AGE
   Years 59
   Months 0
   Days 7
   If LESS than
   1 day, ___ hrs.
   or ___ min.

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

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)
    April 13, 1936

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

12. BIRTHPLACE (city or town)
    Barstow

   (State or country)
    California

13. NAME
    William Gallagher

14. BIRTHPLACE (city or town)
    Barstow

   (State or country)
    Maryland

15. MOTHER'S NAME
    Jennie S. Klipstein

16. BIRTHPLACE (city or town)
    Barstow

   (State or country)
    Maryland

17. INFORMANT (Address)
    Mrs. Thomas Walter
    317 W. 4th St.

18. BURIAL, CREMATION OR REMOVAL
    Place of interment: Cemetery
    Date: April 17, 1936

19. UNDERTAKER (Address)
    M. Bruckmann
    Biarsh, M.

20. FILE NO.
    4716

21. DATE OF DEATH
    April 14, 1936

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

   I last saw deceased alive on
    April 14, 1936, 1936

   Death was due to causes stated below, at

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

   Other Contributory Causes of importance:

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

23. If death was due to external causes (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?
    Yes

   If so, specify

   (Signed) Dr. E. F. Dox
   Registrar

   M. O.
   (Address)
   Edward Dox
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<td>Peritonitis</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>Date of onset</td>
</tr>
<tr>
<td>MAY 7, 1930</td>
<td>1915</td>
</tr>
<tr>
<td>BUREAU V. S.</td>
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<td></td>
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   HUSBAND OF (or) WIFE OF: Edna Emma Lichten

6. DATE OF BIRTH (month, day, and year): Sept 16, 1885
7. AGE: Years: 51 Months: 9 Days: 5
   IF LESS THAN 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.: Coal miner
9. Industry or business in which work was done, as SILK MILL, SAWMILL, BANK, etc.: Coal miner
10. Date deceased last worked at this occupation (month end year): Apr 30, 1936
11. Total time (years) spent in this occupation: 17 yrs.

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

13. NAME: Charles Kriemer
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Annie Lippke
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Charles Kriemer
18. BURIAL, Cremation, or Removal
   Place: Allegany Cem. Date: Apr 12, 1936

19. UNDERTAKER (Address): Jacob Hoffer

20. FILED: Apr 12, 1936

21. DATE OF DEATH
   (Month) (Day) (Year): April 9th, 1936

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from April 6th, 1936 to April 9th, 1936. I last saw him alive on April 6th, 1936; death occurred to have occurred on the date stated above, at 6:30 a.m.

   The principal cause of death and related causes of importance were as follows:
   Fracture Skull + Fracture Both Temporal Bones

   Other Contributory Causes of importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Murder
   Date of injury: Apr 10, 1936
   Where did injury occur? at his home
   Specify where injury occurred: (Specify city or towns, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
   Publisher's line
   Men or women injured: Men
   Nature of injury:
   \[\text{Fracture Skull, comminuted}\]

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify...
   (Signed) Dr. F. Miller
   M.D.
   (Address) Midland, Md.
STATEMENT OF OCCUPATION

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

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

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

STATEMENT OF CAUSE OF DEATH

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

<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>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></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>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 20
   No. Allegany Hospital: 4
   Ward: 4
   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
   Stillborn Krampf
   If U.S. Veteran, specify WAR:  

(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 (write the word)
   Single

6. DATE OF BIRTH (month, day, and year)
   4-26-36

7. AGE
   Years: 4
   Months: 0
   Days: 26
   If LESS than 1 day, hrs. or min.:

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Cumberland, Maryland

13. NAME
   Charles Enfield Krampf

14. BIRTHPLACE (city or town)
   Junction, W.Va.

15. MAIDEN NAME
   Elsie Ray Snyder

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

17. INFORMANT
   Elsie Krampf
   Address: 109 Pioneer Place

18. BURIAL, CREMATION, OR REMOVAL
   Place: Rose Hill Cem.  Date: Nov. 27, 1936

19. UNDERTAKER
   (Address)

20. FILED
   Apr. 27, 1936
   Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, requesting "U.S. No. 3."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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 May 7, 1926</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage July 5, 1927</td>
<td></td>
</tr>
</tbody>
</table>

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County: Allegany
Village or City: Cumberland

2. FULL NAME

(a) Residence: No. 911 Maryland Ave, Cumberland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

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

Oct. 1853

7. AGE

68 Years

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

Housewife

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)

None

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

None

12. BIRTHPLACE (city or town)

Cumberland, Maryland

13. NAME

Kremser, Catherine M.

14. BIRTHPLACE (city or town)

Cumberland, Maryland

15. MAIDEN NAME

Kremser, Catharine

16. BIRTHPLACE (city or town)

Cumberland, Maryland

17. INFORMANT (Address)

Malcolm W. Snagg, Cumberland

18. BURIAL, CREMATION, OR REMOVAL

Place: Cumberland

19. UNDERTAKER (Address)

G. Stein, Inc., Cumberland

20. FILED

April 26, 1936

REGISTRAR

21. DATE OF DEATH

April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 6, 1936, to April 16, 1936, and death is said to have occurred on that date stated above, at 11:00 a.m.

The PRINCIPAL CAUSE OF DEATH was:

Chronic Carditis

Date of onset: April 1935

Other Contributory Causes of Importance:

Coronary occlusion

Date of:

April 1935

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

Accident, suicide, or homicide?

Date of injury:

Where did injury occur?

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

Manner of Injury

Nature of Injury

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

If so, specify

(Signed)

Address:

1394 Europe M. O.

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

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

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

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

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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>Cerebral hemorrhage</td>
<td>Peritonitis</td>
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<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1925</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   (a) Residence: No. 86 Western St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M. M. W.

4. COLOR OR RACE
   

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   -

6. DATE OF BIRTH (month, day, and year)
   Oct 24 1917

7. AGE
   Years: 17
   Months: 5
   Days: 6
   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, SAWMILL, BANK, etc.
   

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   (State or county)
   Game Creek, Md.

13. NAME
   Richard Layman

14. BIRTHPLACE (city or town)
   (State or country)
   Game Creek, Md.

15. MAIDEN NAME
   

16. BIRTHPLACE (city or town)
   (State or country)
   Game Creek, Md.

17. INFORMANT
   (Address)
   Richard Layman

18. BURIAL, CREMATION, OR REMOVAL
   Place: Montour
   Date: Dec 7, 1936

19. UNDERTAKER
   (Address)
   A. D. Stout

20. FILED
   4-7-36
   A. P. Harris

21. DATE OF DEATH
   4-5-1936

22. MEDICAL CERTIFICATE OF DEATH

   I HEREBY CERTIFY that I attended deceased from
   2-25-1936 to 2-26-1936; last saw him alive on
   2-19-1936; death is said to have occurred on the date stated above, at
   10 a.m.

   The principal cause of death and related causes of importance were as follows:
   
   Other Contributory Causes of Importance:
   
   Name of operation:
   
   What test confirmed diagnosis:
   
   Date of:
   
   Was there an autopsy:
   
   23. If death was due to external causes (VIOLENCE) fill in also the following:
   
   Accident, suicide, or homicide:
   Date of injury: 19
   Where did injury occur:
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, HOME, or in PUBLIC PLACE:
   
   Manner of injury:
   Nature of injury:
   
   24. Was disease or injury in any way related to occupation of deceased:
   
   If so, specify:
   
   (Signed)

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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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11.—The number of years the deceased followed the occupation.

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

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

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</thead>
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<tr>
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<td>APR 30 1926</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1915</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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</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: Frostburg
   - Registration Dist. No.: 20
   - Hospital, St., Ward: No
   - If death occurred in a hospital or institution, give the NAME instead of street and number

2. **FULL NAME**
   - Residence: No.
   - (a) Residence: No.
   - (b) Residence: No.
   - If nonresident give city or town and State

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Male
   - COLOR OR RACE: White
   - S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   - 3a. If married, widowed, or divorced
      - HUSBAND OF: James S. Lee
      - WIFE OF: Edna Lee

4. **DATE OF DEATH**
   - April 17, 1936

5. **DATE OF BIRTH**
   - Jan 19, 1860

6. **AGE**
   - Years: 56
   - Months: 2
   - Days: 19

7. **OCCUPATION**
   - Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   - Sack puller
   - Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   - Celanese Plant
   - Date deceased last worked at this occupation: April 10, 1936
   - Total time (years) spent in this occupation: 5 years

8. **BIRTHPLACE**
   - (City or town): Scotland
   - (State or country): Scotland

9. **NAME**
   - James S. Lee

10. **MOTHER**
    - Name: Janet Scott

11. **FATHER**
    - Name: 

12. **INFORMANT**
    - Name: Alexander Lee
    - Address: Frostburg
    - Date: April 20, 1936

13. **UNDERTAKER**
    - Name: J. E. L. St. John
    - Address: Frostburg
    - Date: April 20, 1936

14. **FILED**
    - 4 - 20, 1936

15. **REGISTRAR**
    - W. Alfred V. Kline
    - M. D.

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

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

Other contributory causes of importance:
- Gallstones (May 1, 1928)
- Gastroenteritis (1 year ago)

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

1. PLACE OF DEATH
   County: ALLEGANY
   Village or City: CUMBERLAND, MD.
   Hospital: MEMORIAL HOSPITAL
   Registration Dist. No. 20
   St. 6-1
   Ward: .
   Length of residence in city or town where death occurred: yrs. 5 mos. 5 ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: KATIE G. LEO
   (a) Residence: No. 42
      (Usual place of abode)
   St., Ward.
   If U. S. Veteran, specify WAR: NR-35

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
   4. COLOR OR RACE: WHITE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
      HUSBAND of (or) WIFE of
      THOMAS H. LEO

6. DATE OF BIRTH (month, day, and year): ? 1867

7. AGE: 69
   Years
   Months
   Days
   If LESS than 1 day, . hrs.
   or, . min.

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

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

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

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

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

13. NAME: VACHEL BRENGLE

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

15. MOTHER NAME

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

17. INFORMANT
    MEMORIAL HOSPITAL
    CUMBERLAND, MD.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Bedford, Pa.
    Date: Apr. 24, 1936

19. UNOBTAINER
    Address: Bedford, Pa.

20. FILED: Apr. 21, 1936

21. DATE OF DEATH
    APRIL 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/16 1926 to 4/20 1936
    I last saw him alive on 4/20 1936
    death is said to have occurred on the date stated above, at 11:56 P.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   [Handwritten text]

   Other Contributory Causes of importance:

   Other Contributory Causes of importance:

   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: 1926
    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

DR. WILLIAMS

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.
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10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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

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

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

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

Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1933 | Gastroenteritis | 1 year |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

**1. PLACE OF DEATH**

- County: Allegany
- Village or City: Eakhart
- Registration Dist. No.: 9
- 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: 54 yrs., 10 mos., 5 ds.
- How long in U.S. if of foreign birth: yrs., mos., ds.

**2. FULL NAME**

(a) Residence: No. Eakhart, 7th St., Ward.

**PERSONAL AND STATISTICAL PARTICULARS**

- **SEX**
  - Male
- **COLOR OR RACE**
  - White
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
  - Married, widowed, or divorced

- **DATE OF BIRTH**
  - Month: June 15, 1881

- **AGE**
  - Years: 54
  - Months: 10
  - Days: 5

- **DATE OF DEATH**
  - Month: April
  - Day: 24
  - Year: 1936

**MEDICAL CERTIFICATE OF DEATH**

- **I HEREBY CERTIFY**
  - That I attended deceased from...
  - April, 19...
  - 19...

- I last saw...

- The principal cause of death...

**OCCUPATION**

- Laborer

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

- Deliberate suicide

**20. FILE NO.**

- 4-23-1936

If more blanks are needed, address State Registrar, 2021 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<td>1 week ago</td>
</tr>
<tr>
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<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>May 1, 1923</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: ALLEGANY
   - Village or City: CUMBERLAND, MD.
   - No. MEMORIAL HOSPITAL St. 6 - L 1 Ward
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Residence: WESTERNPORT, MD.
   - If U.S. Veteran, specify WAR: 0140

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. SEX</td>
<td>MALE</td>
</tr>
<tr>
<td>4. COLOR OR RACE</td>
<td>WHITE</td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</td>
<td>SINGLE</td>
</tr>
<tr>
<td>6. DATE OF BIRTH (month, day, and year)</td>
<td>Apr. 2, 1936</td>
</tr>
<tr>
<td>7. AGE</td>
<td>STILLBORN</td>
</tr>
</tbody>
</table>

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

12. **BIRTHPLACE** (city or town) | CUMBERLAND, MARYLAND |
13. **NAME** | JAMES J. LILLER |
14. **FATHER** | JAMES J. LILLER |
15. **MAIDEN NAME** | ALMA FOREBECK |
16. **BIRTHPLACE** (city or town) | WEST VIRGINIA |

17. **INFORMANT** | MEMORIAL HOSPITAL |
18. **BURIAL, CREMATION, OR REMOVAL** |
| Place | CUMBERLAND, MD. |
| Date | APR. 2, 1936 |

19. **UNDERTAKER** | MEMORIAL HOSPITAL |
20. **FILED** | APR. 2, 1936 |

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH** |
   - (Month) APR. 2 |
   - (Day) 1936 |
   - (Year) 1936 |
22. I HEREBY CERTIFY that I attended deceased from Apr. 2, 1936, to Apr. 2, 1936. |

23. **CAUSE OF DEATH** (principal and related causes of importance)
   - Septicemia, Asphyxia |
   - Date of onset |

24. Did death occur due to external causes (VIOLANCE)? Yes |

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE** |
- Name of operation: None |
- Date of operation: |
- Clinical diagnosis: Clinical |
- Name of operation: |
- Date of operation: |
- Autopsy: Yes |

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

26. Manner of injury: |

27. Nature of injury: |

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

29. If so, specify: |

Dr. REYNOLDS

Registrar
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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**Example I**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Received 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 7, 1926</td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
County Allegany
Village or City Cumberland, Md
(WITHIN CORPORATE LIMITS) Registration Dist. No. 4
No. 421 Central Ave.
St., 5 Ward
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 Infant Lynch, — Arthur Allen
(a) Residence: No. Cumberland, Md
(Usual place of abode)
St., Ward.
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Mar. 5, 1936
7. AGE Years Months Days
36 0 0
8. TRADE, PROFESSION, OR PARTICULAR Kinds 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) tt. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)
13. NAME Henry Lynch
14. BIRTHPLACE (city or town) Md
(State or country)
15. MAIDEN NAME Mary Collins
16. BIRTHPLACE (city or town) Wv
(State or country)
17. INFORMANT Henry Lynch
Cumberland, Md
18. BURIAL, CREMATION, OR REMOVAL
Place Three Churches, Wv April 19, 1936
19. UNDERTAKER John C. Wolford
Cumberland, Md

21. DATE OF DEATH April 9, 1936
(Month) (Day) (Year)
1936

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, I attended deceased from
April 8, 1936 to April 9, 1936
I last saw him alive on April 8, 1936; death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Name of operation.

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury.

Where did injury occur?

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

Manner of injury.

Nature of injury.

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

If so, specify

(Signed) Dr. J. P. Frankland M.D.

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes</strong></td>
<td><strong>The principal cause of death and related causes</strong></td>
</tr>
<tr>
<td><strong>of importance were as follows:</strong></td>
<td><strong>of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>May 1920</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>May 1923</td>
<td>1 year</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or city of: Westernport, Md.
   No. St. Ward

2. FULL NAME
   George Edward Lyons

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
4. COLOR OR RACE
   N.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed
   (write the word)
5a. If married, widowed, or divorced
   HUSBAND of (or) WIFE of Sarah Jane Lyons

6. DATE OF BIRTH
   (month, day, end year)
   May 20, 1872

7. AGE
   Years: 58
   Months: 10
   Days: 10
   IF LESS THAN 1 day, ________ hrs. or ________ min.

8. OCCUPATION
   Carpenter
   W.P.A. Relief

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

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

11. Date deceased last worked at this occupation (month and year)
   February 1936

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

13. NAME
   James LeFever

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

15. MAIDEN NAME
   Jennie Reed

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

17. INFORMANT
   Address
   Mrs. John Bryant

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Remains by M. S. COOK, 3rd, M. D.
   Date
   April 13, 1936

19. UNDERTAKER
   Address
   M. S. COOK
   Place

20. FILED
   Apr. 2, 1936
   Registr.

21. DATE OF DEATH
   (Month) 1 (Day) 1936 (Year)

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

   Other Contributory Causes of Importance:

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

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

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County Allegany
Village or City Sudlersville
No. St. Ward


2. FULL NAME

(a) Residence: No. Cameron ST.: St. Ward.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Married

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

Jan. 19, 1918

7. AGE

72 yrs. 2 months 16 days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, etc.

Housework

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)

Oct. 1932

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

50

12. BIRTHPLACE (CITY OR TOWN)

Hampshire, VA

13. NAME

George Shank

14. BIRTHPLACE (CITY OR TOWN)

Hampshire, VA

15. MAIDEN NAME

Catherine Williams

16. BIRTHPLACE (CITY OR TOWN)

Hampshire, VA

17. INFORMANT (ADDRESS)

J. W. Mathias

18. BURIAL, CREMATION, OR REMOVAL

Place: Eulenege Cemetery, Apr. 1936

19. UNDERTAKER (ADDRESS)

J. S. Paltz

20. FILED APR. 8, 1936

Registrar

21. DATE OF DEATH

(April) 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 1933 to April 5, 1936

I last saw her alive on April 5, 1936; death is said to have occurred on the date stated above, at 5:30 A.M.

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

Choleoctysis

Other Contributory Cause of Importance:

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

Accident, suicide, or homicide?

Where did injury occur?

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

Manner of injury

Nature of injury

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

If so, specify

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>Run over by street car</td>
</tr>
<tr>
<td></td>
<td>1928</td>
</tr>
<tr>
<td></td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>1917</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1928</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County Allegany
   Village or City LaFerriere
   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
   Registration Dist. No. 8

2. FULL NAME
   (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
   Single
6. If married, widow or divorced
   HUSBAND of
   WIFE of
7. DATE OF BIRTH (month, day, and year)
   Apr. 28, 1894
8. AGE Years
   Months
   Days
   If LESS than
   1 day, hrs.
   or min.
9. OCCUPATION
   Trades, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, 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)
   Washington
   State or country
13. NAME
   John Smith
14. BIRTHPLACE (city or town)
   Washington
   State or country
15. MAIDEN NAME
   Emily Blanche de Alphine
16. BIRTHPLACE (city or town)
   Washington
   State or country
17. INFORMANT
   Albert de Alphine
   Address
18. BURIAL, CREMATION, OR REMOVAL
   Place
   Date
19. UNDERTAKER
   Address
20. FILED
   Apr. 28, 1936
   Registrar

21. DATE OF DEATH
   Apr. 28, 1936
22. I HEREBY CERTIFY, That I attended deceased from
   19... to 19...
   I last saw h. alive on 19...; death is said
   to have occurred on the date stated above, et...
   The principal cause of death and related causes of importance
   were as follows:
   Stillborn
   Other Contributory Causes of importance:

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

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

(Signed) Henry Mulholland
M.D.
(Address)

If more blanks are needed, address State Registrar, 3411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
United States Standard Certificate of Death

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

To be complete, an occupation return must state:

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

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

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

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

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

### Example I

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Received 1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td></td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 7, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

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

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

2. FULL NAME
(a) Residence: No. 620 Baltimore Ave. St. 5 Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
HUSBAND OF
Name: Anna Benvenuti

6. DATE OF BIRTH (month, day, and year)
February 23, 1873

7. AGE
Years: 63
Months: 7
Days: 0
If LESS than 1 day, . . . hrs.
or . . . min.

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

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)
Silkthread, Ind.

13. NAME
John MacDonald

14. BIRTHPLACE (city or town)
Ind.

15. MAIDEN NAME
Sophia Oser

16. BIRTHPLACE (city or town)
Ind.

17. INFORMANT
George C. MacDonald

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore, Ind.
Date: April 16, 1926

19. UNDERTAKER
James Stirling

20. FILED
Apr. 25, 1936

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
Month: 7
Day: 23
Year: 1936

22. I HEREBY CERTIFY, That I attended deceased from

23. Accident, suicide, or homicide?

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

25. Other Contributory Causes of Importance

26. Name of operation.

27. Date of operation.

28. What last confirmed diagnosis?

29. Was there an autopsy?

30. Where did injury occur?

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

32. Manner of injury.


34. Sign (Signature)

35. Address

36. Registrar

37. M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Length of residence in city or town where death occurred: 50 yrs. mos. days.

2. FULL NAME: Regina L. Knight
   (a) Residence: No. 517 Henderson Blvd. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, WIDOWERED (write the word): Married
   HUSBAND of: Wess Thos. Knight
   WIFE of:
   OCCUPATION: Housewife

6. DATE OF BIRTH (month, day, and year): Sept. 15, 1854
7. AGE: 81 yrs. 6 mos. 25 days
8. Trade, profession, or particular kind of work done: Silk Mill, Saw Mill, Bank, etc.
9. Industry or business in which work was done: Housewife
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): Germany
13. NAME: Joseph Wagner
14. BIRTHPLACE (city or town, State or country): Germany
15. MAIDEN NAME:
16. BIRTHPLACE (city or town, State or country): Germany
17. INFORMANT (Address): Frank C. P. Knight
18. BURIAL, CREMATION, OR REMOVAL (Address): April 13, 1936
19. UNDERTAKER: Louis Stein, Inc.
20. FILED: April 11, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) 10 (Day) 1936 (Year)
22. M.D. HEREBY CERTIFY, That I attended deceased from
   Med. 6, 1926, to Apr. 10, 1936. I last saw him, alive on Apr. 9, 1936; death is said
   to have occurred on the date stated above, at 8:45 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:

   Other Contributory Causes of Importance:

   Name of operation: Month: Date of:

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

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

   Manner of injury:
   Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
   If so, specify:
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 4 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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11.—The number of years the deceased followed the occupation.

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

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<td>Peritonitis</td>
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</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>Gastroenteritis</th>
</tr>
</thead>
<tbody>
<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: Allegany
   Village or City: Frostburg

2. FULL NAME: Margaret Ann McSuckie
   Residence: No. 51 Water
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Mar 16, 1862
7. AGE Years: 74
   Months: 1
   Days: 15
   If LESS than 1 day, hrs. or min.

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

   Occupation: House Work
   At Home

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)
   Mar 1936

11. Total time (years) spent in this occupation

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

13. NAME: McSuckie

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

15. MAIDEN NAME: Mary McSuckie

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

17. INFORMANT...
   Grace Edwards...
   (Address)...

18. BURIAL, CREMATION, OR REMOVAL
   Place: Allegany
   Date: May 2, 1936

19. UNDERTAKER...
   Jacob Hafer...
   (Address)...

20. FILED...
   12, 1936...
   (Address)...

REGISTRAR...

21. DATE OF DEATH: April 30, 1936
22. I HEREBY CERTIFY that I attended deceased from Apr. 15, 1936, to Apr. 30, 1936; I last saw her alive on April 30, 1936; death is said to have occurred on the date stated above...

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

   Causes of Death...

   Other Contributory Causes of Importance...

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

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? No
   If so, specify...

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death</td>
<td>The principal cause of death</td>
</tr>
<tr>
<td>and related causes of</td>
<td>and related causes of</td>
</tr>
<tr>
<td>importance were as follows:</td>
<td>importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of</td>
<td>Other contributory causes of</td>
</tr>
<tr>
<td>importance</td>
<td>importance</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1928</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

   County: Allegany
   Village or City: Haveling, md

2. **FULL NAME**

   (a) Residence: No.
   Personal and Statistical Particulars
   3. **SEX**
   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

   5a. If married, widowed, or divorced
       HUSBAND of
       or WIFE of
   6. **DATE OF BIRTH** (month, day, and year)
   7. **AGE**

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

   12. **BIRTHPLACE** (city or town)
       (State or country)
   13. NAME
   14. **BIRTHPLACE** (city or town)
       (State or country)
   15. MAIDEN NAME
   16. **BIRTHPLACE** (city or town)
       (State or country)
   17. INFORMANT
       (Address)
   18. BURIAL, CREMATION, OR REMOVAL
       Place

   19. **UNDERTAKER**
       (Address)
   20. FILED

   21. **DATE OF DEATH**
       4 - 10 - 36
   22. I HEREBY CERTIFY, That I attended deceased from
       ________________ to ________________
       I last saw h. ________________ alive on
       ________________ to ________________
       to have occurred on the date stated above, et
       ________________ m.
       The PRINCIPAL CAUSE OF DEATH and related causes of importance
       were as follows:
       ________________
       Date of onset
       Other Contributory Causes of importance:
       ________________
       Name of operation
       ________________ Date of
       What test confirmed diagnosis?
       ________________ Was there an autopsy?

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Lochearn
   Length of residence in city or town where death occurred: 3 yrs 1 mos 15 ds

2. FULL NAME
   Baby M. Moore
   Residence: No. 701 Florence Ave, St., MD, Ward.

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   April 13, 1936

7. AGE
   Years: 6
   Months: 4
   Days: 1

8. OCCUPATION
   None

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    Month and Year: April 13, 1936

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    1

12. BIRTHPLACE
    City or town: Lochearn
    State or country: Maryland

13. NAME
    Father: Joseph Moore
    Mother: Ruth Bittenger

14. BIRTHPLACE
    City or town: Maryland
    State or country: Maryland

15. MAIDEN NAME
    Ruth Bittenger

16. INFORMANT
    Father: Joseph Moore
    Address: 701 Florence Ave

17. UNDERTAKER
    M. Eichhorn
    Address: Lochearn

18. BURIAL, CREMATION, OR REMOVAL
    Paul Pace Crematory, Date: April 15, 1936

19. FILED
    April 13, 1936

20. Registrar
    Henry B. L. Hodges
    Address: Lochearn

21. DATE OF DEATH
    April 14, 1936

22. I HEREBY CERTIFY
    That I attended deceased from April 13, 1936, to April 14, 1936
    I last saw him/her alive on April 13, 1936; death is said to have occurred on the date stated above, at 2 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Premature death

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
    Nature of injury

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

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

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

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

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

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

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

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

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

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

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

   3. SEX
      F

   4. COLOR OR RACE

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

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

   7. DATE OF BIRTH (month, day, and year)
      July 15, 1934

   7. AGE
      Years
      Months
      Days
      If LESS than 1 day, hrs., or 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 end year)

   11. Total time years spent in this occupation

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

   13. NAME
      Charles F. Mullany

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

   15. MAIDEN NAME
      Marie Gloria Mullany

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

   17. INFORMANT
      Charles F. Mullany
      Mt. Savage
      (Address)

   18. BURIAL, CREMATION OR REMOVAL
      Place: Mt. Savage
      Date: April 17, 1936

   19. UNDERTAKER
      (Address)

   20. FILED
      April 19, 1936
      M. D. Register

21. DATE OF DEATH
   (Month) (Day) (Year)
   April 17, 1936

22. I, HEREBY CERTIFY, That I attended deceased from
    April 16, 1936 to April 17, 1936
    I last saw h. on April 17, 1936
    to have occurred on the date stated above, at 9:30 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:

   Date of onset: April 15

   Other Contributory Causes of Importance:
   S. Constable

   Name of operation:
   Date of
   What test confirmed diagnosis? Clinical
   Was there an autopsy? No

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1922</td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Mt. Savage
   Registration Dist. No.: 10

2. FULL NAME
   (a) Residence: No.
   (Usual place of abode)
   Name: James Clarence Mullooly
   St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   Aug. 28, 1916

7. AGE
   Years: 67
   Months: 3
   Days: 27
   If LESS than 1 day, ____. hrs. or ____. min.

8. Trade, profession, or particular kind of work done
   Coal miner

9. Industry or business in which work was done
   Coal mining

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

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

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

13. NAME
    Father: Patrick Mullooly

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

15. MAIDEN NAME
    Walsh

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

17. INFORMANT
    Address: Emmie Perez

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Savage
    Date: Aug. 30, 1936

19. UNDERTAKER
    Address: F. S. Garag

20. FILED
    Date: Aug. 31, 1936

21. DATE OF DEATH
    April 28, 1936

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

   to have occurred on the date stated above, at. m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:

   [Handwritten notes regarding cause of death]

   Other Contributory Causes of importance:

   [Handwritten notes regarding contributory causes]

   Name of operation
   Date of Operation

   What test confirmed diagnosis?

   Was there an autopsy? No

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

   Accident, suicide, or homicide?
   Date of injury

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

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

   Manner of injury

   Nature of injury

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

   (Signed)
   M. D.

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

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<table>
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<th>Date of onset</th>
<th>Example II</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>1915</td>
<td>Attack of epilepsy</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
Gallstones
May 1, 1923

Gastroenteritis
1 year

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Westernport
   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: 47 yrs. 1 mos. 0 days. How long in U.S. if of foreign birth? ___________ yrs. ___________ mos. ___________ days.

2. FULL NAME: James William Munsie
   (U.S. Veteran, specify WAR) ___________
   (a) Residence: No. 420 Roosevelt St. St. ___________ Ward ___________

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6. DATE OF BIRTH: (Month, day, and year) Mar. 13, 1876
7. AGE: Years ___________ Months ___________ Days ___________

8. OCCUPATION: Laborer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Mill Worker
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) Westernport, Md.
    (State or country) ___________

13. NAME: James Munsie
14. BIRTHPLACE: (city or town) Scotland
    (State or country) ___________
15. MAIDEN NAME: Anna ___________
16. BIRTHPLACE: (city or town) New Jersey
    (State or country) ___________

17. INFORMANT: Mrs. John Munsie
    Address: ___________
18. BURIAL, CREMATION, OR REMOVAL: Phil's Cemetery
    Place: ___________ Date: Apr. 22, 1936
19. UNDERTAKER: Dr. J. Basie
    Address: ___________

20. FILED: Apr. 22, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 19, 1936
    (Month) ___________ (Day) ___________ (Year) ___________
22. I HEREBY CERTIFY, That I attended deceased from ___________
    Jan. ___________ 1936, to ___________ Apr. 19, 1936
    I last saw him ___________ alive on ___________ Apr. 19, 1936; death is said to have occurred on the date stated above, at ___________ 2:15 p.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
    Hodgkins Disease
    Date of onset: ___________

Other Contributory Causes of importance:

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Name of operation: ___________
    Radiography: ___________
    X-ray therapy: ___________
    Date of: ___________
    What last confirmed diagnosis? ___________
    Physical Signs: ___________
    Was there an autopsy? ___________
24. If so, specify
    Specifying whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
    Manner of injury: ___________
    Nature of injury: ___________
    Accident, suicide, or homicide? ___________
    Where did injury occur? ___________
    (Specify city or town, county and State) ___________

If no, specify
    In any way related to occupation of deceased? ___________
    If so, specify
    (Sign) ___________
    (Address) ___________
    M. D. ___________

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

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

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Example I

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

Example II

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1926</th>
</tr>
</thead>
</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: Allegany
Village or City: Cumberland

2. FULL NAME
Stillborn Drays

3. SEX
1 Male

4. COLOR OR RACE
W White

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

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

7. AGE
3 Years

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

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

10. Data deceased last worked at this occupation (month and year)
Apr. 6, 1936

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

12. BIRTHPLACE (city or town)
Cumberland

13. NAME
Stillborn Drays

14. BIRTHPLACE (city or town)
Cumberland

15. MAIDEN NAME
Drays

16. BIRTHPLACE (city or town)
Cumberland

17. INFORMANT
Bill Drays

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Peter's Church
Date: Apr. 7, 1936

19. UNDERTAKER
Cumberland

20. FILED
Apr. 7, 1936

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

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

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**Example I**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>May 1927</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>May 1927</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Example II**

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

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

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

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

3. SEX
   M

4. COLOR OR RACE

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

6. DATE OF BIRTH (month, day, and year)
   April 5, 1936

7. AGE Years Months Days

8. Trade, profession, or particular kind of work done (e.g., 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):
    Mt. Savage

13. NAME
    Raymond Osundorf

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

15. MAIDEN NAME
    Sarah Hotal Kind

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

17. INFORMANT
    Frank Osundorf

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Savage
    Date: 4/6/36

19. UNDERTAKER
    O. M. Blandiff

20. FILED
    4/6/36 M. D. Blandiff

21. DATE OF DEATH (Month) (Day) (Year)
    April 5, 1936

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

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

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

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

Date of onset: RECEIVED 1915
Date of onset: 1 week ago
Date of onset: May 1, 1927
Date of onset: 1 week ago
Date of onset: July 5, 1927
Date of onset: 1 year

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

1. PLACE OF DEATH
   County Allegany
   Village or City Cumberland, Md
   No. 17 Lee St
   Registration Dist. No. 4
   Ward
   Length of residence in city or town where death occurred yrs. mos. ds.
   How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Elizabeth E. Parker
   (a) Residence: No. Cumberland, Md St., Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   If married, widowed, or divorced HUSBAND of Daniel Parker
   OR WIFE of

6. DATE OF BIRTH (month, day, and year) May 5, 1849
7. AGE 86
   Years 11
   Months 12
   Days
   If LESS than 1 day, hrs.
   or min.

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

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

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

11. Total time (years) spent in this occupation

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

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

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

17. INFORMANT
   Robert Parker
   Cumberland, Md
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place Rees Memorial Wva Date April 30, 1936

19. UNTERTAKER
   John C. Wolford
   Cumberland, Md
   (Address)

20. FILED Apr. 20, 1936
   Dr. J. P. Franklin
   Registrar

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY That I attended deceased from May 7, 1935, to April 18, 1936
I last saw her alive on April 13, 1936; death is said to have occurred on the date stated above, at 3:30 a.m.

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

DATE OF ONSET

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide?
   Date of Injury 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) Dr. J. P. Franklin

M.D.

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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County Allegany
   Village or City Cumberland, Md.
   Memorial Hospital 6-1 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. 11 mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Earl Patterson
   (a) Residence No. 128 Hill St., Frostburg, Md.
   (Usual place of abode)
   If U.S. Veteran, specify WAR...
   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) Single

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

6. DATE OF BIRTH (month, day, and year) July 18, 1934

7. AGE
   Years 1
   Months 9
   Days 9
   If LESS than 1 day, . hrs.
or.... min.

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

9. OCCUPATION
   Banker

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

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

13. NAME Earl Patterson

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

15. MOTHER NAME Elizabeth Miller

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

17. INFORMANT
    Memorial Hospital
    Cumberland, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place Frostburg, Md. 30, 1936

19. UNDERTAKER
    (Address)
    Date of Signing...

20. FILED... Apr. 30, 1936
    Registrars

21. DATE OF DEATH April 27, 1936

MEDICAL CERTIFICATE OF DEATH

    I last saw him... alive on 4/27, 1936; death is said
to have occurred on the date stated above, at 8:25 A.M.

Other Contributory Causes of Importance:

23. 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.

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

25. IF MORE BLANKS ARE NEEDED... ADDITIONAL INFORMATION OR SIGNATURES.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 4
St. 2 Ward

COUNTY: Allegany
VILLAGE: Cumberland

2 FULL NAME: George W. Rantz

SEX: Male
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

DATE OF BIRTH: June 16, 1933
AGE: 12 yrs. 9 mos. 29 days

OCCUPATION: Student

BIRTHPLACE: Cumberland, Ind.

NAME OF FATHER: Lawrence Rantz
BIRTHPLACE OF FATHER: Cumberland, Ind.

MAIDEN NAME OF MOTHER: Blodges Dicker
BIRTHPLACE OF MOTHER: Harrison, W. Va.

LENGHT OF RESIDENCE: 8 yrs. 14 mos.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant: [Missing]
Address: [Missing]

DATE OF DEATH: Apr. 25, 1936
DATE OF BURIAL: Apr. 27, 1936

STATE the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal:

Contributory Secondary

Signed: [Missing]
Address: [Missing]

Filed: Apr. 27, 1936
DR. J. P. Franklin, Registrar

if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME
   (a) Residence: No. 934 Pennsylvania Road
   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
   Married

6. DATE OF BIRTH (month, day, and year)
   May 31, 1854

7. AGE
   Years 80
   Months
   Days 18

8. OCCUPATION
   Janitor

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

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

11. Total time (years) spent in this occupation

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

13. NAME
    Henry Repham

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

15. MAIDEN NAME
    Van Boven

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

17. INFIRMARY
    Mrs. Philip Repham
    Easton

18. BURIAL, CREMATION, OR REMOVAL
    Place Easton
    Date April 25, 1936

19. UNDERTAKER
    J. D. Densick
    (Address)

20. FILED
    4/20/1936 A. R. Walker
    Registrar

21. DATE OF DEATH
    April 17, 1936

22. I HEREBY CERTIFY That I attended deceased from
    April 15, 1936 to April 17, 1936
    I last saw him alive on April 16, 1936; death is said to have occurred on the date stated above, at 12:30 P.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Coronary Occlusion
    Anterior Junctural Angina
    Pyelitis

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide? No
    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? No
    If so, specify
    (Signed) Milton St. Garvin M. D.
    (Address)

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

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>APR 30 1938</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Example II

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

Other contributory causes of importance:

Gallstones                                                                                      May 1, 1923
Gastroenteritis                                                                               1 year

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

1. PLACE OF DEATH
County: Allegany
Village or City: Cumberland
Registration Dist. No. 4
No. Allegany Hospital St., ° Ward
(WITHIN CORPORATE LIMITS 20"
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth yrs. mos. ds.

2. FULL NAME
(a) Residence: No. (Usual place of abode)
William Rhodes
St., Ward. Perry St. Brydges, Va,

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (enter the word)
SINGLE
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)
Aug. 9, 1920
7. AGE Years Months Days If LESS than 1 day, ....... hrs.
16 - 8 6

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Student
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) Radley, Va.
(State or country)

13. NAME George Rhodes

14. BIRTHPLACE (city or town) Snanton, Ind.
(State or country)

15. MAIDEN NAME Bridget Hendley

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

17. INFORMANT Mr. Rhodes, Radley, Va.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Westminster, Ind. Date Apr. 1, 1936

19. UNDERTAKER Homestein Inc.
(Address)

20. FILED Apr. 17, 1936 by J. B. Franklin
Registrar.

21. DATE OF DEATH
April 15, 1936

22. I HEREBY CERTIFY. That I attended deceased from April 12, 1936 to April 15, 1936
I last saw him alive on April 16, 1936, death is said to have occurred on the date stated above, at 10 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Ruptured Jansons Appendicitis 3 days

Other Contributory Causes of importance:

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

Manner of injury
Nature of injury

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

If more blanks are needed, address State Registrar, 2421 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>MAY 7, 1930</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

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

**Example II**

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

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

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

1. PLACE OF DEATH
   County. Allegany
   Village or City. Cumberland
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Registration Dist. No. 4
   No. 127 Park St., 2 Ward
   Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME. Anna J. Richards
   (a) Residence: No. 127 Park St., Ward.

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX. Female
4. COLOR OR RACE. White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Strike the word)
   HUSBAND OR WIFE of
   John W. Richards
6. DATE OF BIRTH (month, day, and year). Aug 17, 1869
7. AGE Years Months Days IF LESS than 1 year, state days, or months
   66 7 17
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, E.S. SPINNER, SAWYER, BOOKKEEPER, etc.
   Homemaker
9. OCCUPATION. Homemaker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
13. NAME
   FATHER
   MOTHER
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)
17. INFORMANT (Address)
   Lloyd P. Madamrith, Cumberland
18. BURIAL, CREMATION, OR REMOVAL
   Place
   Date
19. UNDERTAKER (Address)
   (Address)
   Date
20. FILED
   April 10, 1936
   Registrar.
21. DATE OF DEATH
   April 19, 1936

22. I HEREBY CERTIFY.
   That I attended deceased from April 7, 1936, to April 19, 1936.
   I last saw him alive on April 8, 1936, at 10 A.M.
   The principal cause of death and related causes of importance were as follows:
   Diabetes Mellitus
   Date of onset
   Other Contributory Causes of Importance:

   Name of operation.
   Date of.
   Was there an autopsy?

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

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

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

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

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Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<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>MAY 7, 1936</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1923 |

Example II

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland, Md.
   No. Memorial Hospital, St. 6-
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Joan Marie Richards
   (a) Residence: No. 213 Emily St., City
   If U.S. Veteran, specify WAR
   (Unusual place of abode)
   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: Single

6. DATE OF BIRTH (month, day, and year): March 4, 1936

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

8. TRADE, PROFESSION, OR OCCUPATION: SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done: SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year):

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

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

13. NAME: Garland Richards

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

15. MAIDEN NAME: Inez Spencer

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

17. INFORMANT: Mrs. Inez Richards
    (Address)
    Cumberland, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: A. Ashby & Sons, Date: April 5, 1936

19. UNDERTAKER: Ashby & Sons
    (Address)

20. FILED: Apr. 5, 1936, M. J. F. Franklin
    (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 4, 1936

22. I HEREBY CERTIFY: That I attended deceased from
    Date of onset:
    Mar. 30, 1936, to Apr. 4, 1936
    I last saw deceased alive on April 4, 1936; death is said
    to have occurred on the date stated above, at 10:35 AM.
    The Principal Cause of Death and related causes of importance
    are as follows:
    
    Other Contributory Causes of importance:
    
    Name of operation: Date of:
    
    What test confirmed diagnosis? Date of:
    Was there an autopsy?
    
    23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicides, 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?
    No
    If so, specify
    
    M.D.

Dr. Lanich
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

### Example 1

<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>MAY 7, 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

<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 2

<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: Allegany
   - Village or City: Cumberland
   - Registration Dist. No.: 4
   - St., 4 Ward.
   - Length of residence in city or town where death occurred: 44 yrs., 0 mos.
   - If death occurred in a hospital or institution, give its NAME instead of street and number.

2. **FULL NAME:** Edwina Edmondson Schartel
   - Residence: No. 247 Columbia St., 3 Ward.
   - (Usual place of abode)

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX:** Female
4. **COLOR OR RACE:** White
5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED:** Married
6. **HUSBAND OF:** Ninian Allison
7. **DATE OF BIRTH** (month, day, and year): Dec. 7, 1864
8. **AGE** (years, months, days): 74 years, 6 months, 24 days
9. **DATE DECEASED last worked at this occupation (month and year)**: 
10. **TOTAL TIME (YEARS SPENT IN THIS OCCUPATION)**: 
11. **OCCUPATION:** Salesman
12. **BIRTHPLACE (city or town)**: Pine Barre, Pa.
13. **NAME:** Edmondson Schartel
14. **BIRTHPLACE (city or town)**: Pine Barre, Pa.
15. **MAIDEN NAME:** Susan Jane Shang
16. **INFORMANT** (Address): Mrs. Thomas P. Peterson, Cumberland
17. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Hollenbeck Cem., Date: Sept. 4, 1936
18. **UNDERTAKER** (Address): Louis Stein, Inc.
19. **FILED** (Address): Feb. 13, 1936
20. **DATE OF DEATH** (Month, Day, Year): April 2, 1936

**MEDICAL CERTIFICATE OF DEATH**

- **I HEREBY CERTIFY** that I attended deceased from July 25, 1936, to April 2, 1936, death is said to have occurred on the date stated above, at 9:30 a.m.
- The principal cause of death and related causes of importance were as follows:

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE (Specify city or town, county and State):**

- **NAME OF OPERATION:** 
- **DATE OF:** 
- **WAS THERE AN AUTOPSY?**

- **DATE OF INJURY:** 19
- **WHERE DID INJURY OCCUR?**
- **SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE:**
- **MANNER OF INJURY:** 
- **NATURE OF INJURY:** 
- **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?** Yes

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><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>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><strong>Date of onset:</strong></td>
<td><strong>Date of onset:</strong></td>
</tr>
<tr>
<td>MAY 7 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><strong>Date of onset:</strong></td>
<td><strong>1 year</strong></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: Allegany
Village or City: Clarion Island

2. FULL NAME
(a) Residence: 40 Woodland Park, Baddocks Rd.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
White

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

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

7. AGE
59

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
Blairsville, Pa.

13. NAME
Thomas Doughty

14. BIRTHPLACE (city or town)
Ireland

15. MAIDEN NAME
Mary Ann O'Connell

16. BIRTHPLACE (city or town)
Ireland

17. INFORMANT
Joseph D. Doughty

18. BURIAL, CREMATION, OR REMOVAL
Place: Bally, Pa.
Date: April 18, 1936

19. UNDERTAKER
Domestic Inc.

20. FILED
April 8, 1936
Registrar

21. DATE OF DEATH
April 6, 1936

22. I HEREBY CERTIFY that I attended deceased from
March 1936 to April 6, 1936
I last saw him alive on April 6, 1936; date of death is April 6, 1936
The principal cause of death and related causes of importance were as follows:
Cerebral Embolism

23. Other Contributory Causes of Importance:
Chronic Mucous Cystitis

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

25. Date of:

26. Nature of injury:

27. Manner of injury:

28. Where did injury occur?

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

30. If so, specify:

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

32. Signature:

33. Address:

34. Date of:

35. If more blanks are needed, address State Registrar, 221 N. Charles Street, Baltimore, Requesting "U. S. No. 1"
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
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<td></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 7, 1936</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>OTHER CONTRIBUTORY CAUSES OF IMPORTANCE</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 20
   No. Allegany
   Length of residence in city or town where death occurred.

2. FULL NAME
   (a) Residence: St., Ward.
   (Usual place of abode)
   Stillborn Shaffer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   4-21-36

7. AGE
   Years: Months: Days

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
    Harry Shaffer

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

15. MAIDEN NAME
    Anna Shaffer Wagon

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

17. INFORMANT
    Harry Shaffer
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Date: Apr. 21, 1936

19. UNDERTAKER
    (Address)

20. FILED
    Apr. 22, 1936
    J. P. Franklin
    Registrar

21. DATE OF DEATH
    Apr. 21, 1936

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

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

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

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

To be complete, an occupation return must state:
  1.—The occupation.
  2.—The trade, profession, or particular kind of work done.
  3.—The industry or business in which the work was done.
  4.—The month and year the deceased last worked at the occupation.
  5.—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: |
| Date of onset |
| Arteriosclerosis | RECEIVED 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | MAY 7 1936 |

BUREAU V. S.

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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County Allegany
   Village or City Beattydale
   Length of residence in city or town where death occurred 12 yrs. mos. ds

2. FULL NAME
   George A. Shaw
   Residence: No. 49 Oxtongue Rd., St. Mary's Co., Ward. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Aug 14, 1849

7. AGE
   Years 87
   Months 8
   Days 3

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK
   Retired miner

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Coal Mine

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    April 17, 1936

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    36 years

12. BIRTHPLACE (city or town)
    Maryland

13. NAME
    John Shaw

14. BIRTHPLACE (city or town)
    Maryland

15. MAIDEN NAME
    Nancy Michael

16. BIRTHPLACE (city or town)
    Maryland

17. INFORMANT
    Miss Theresa Shaw

18. BURIAL, CREMATION, OR REMOVAL
    Allegany, date of April 17, 1936

19. UNDERTAKER
    M. L. Smith & Son

20. FILED
    Apr. 18, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 17th, 1936

22. I HEREBY CERTIFY
    That I attended deceased from
    Jan. 1st, 1936, to April 17th, 1936

    That I saw him alive on April 17th, 1936; death is said
    to have occurred on the date stated above, at 2:30 a.m.

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

    Date of onset 11/6/35

    Other contributory causes of importance:

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

23. If death was due to external causes (violence) fill in also the following:
    Accident, suicide, or homicide?
    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?

Registrar

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

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

To be complete, an occupation return must state:

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<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | Gastroenteritis |

Date of onset: 1915
Date of onset: 1 week ago
Date of onset: 1921
Date of onset: 1 week ago
Date of onset: Jul 5, 1927
Date of onset: 3 days ago
Date of onset: May 1, 1923
Date of onset: 1 year
21. **DATE OF DEATH**

   **Month:** April  
   **Day:** 3  
   **Year:** 1936  

22. **I HEREBY CERTIFY**

   
   Date of onset:  

   Other Contributory Causes of importance:  

   Name of operation:  
   Diagnosis:  
   Date of:  
   Was there an autopsy?:  
   Where did injury occur?: 
   (Specify city or town, county and State)  
   INDUSTRY, in HOME, or in PUBLIC PLACE. 

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)  
   INDUSTRY, in HOME, or in PUBLIC PLACE. 

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 6.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Example I**

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>APR 20 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>BUREAU V. S.</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
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<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1921</td>
</tr>
</tbody>
</table>

**Example II**

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

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
- County: Allegany
- Village or City: Cumberland
- Registration Dist. No.: 4

2. FULL NAME
- Residence: No. 407 Oldtown Rd, St. 6-21

3. SEX
- Male

4. COLOR OR RACE
- White

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

6. DATE OF BIRTH
- Month: Jan
- Day: 23
- Year: 1935

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

8. OCCUPATION

9. MARRIAGE
- Husband of

10. DATE OF DEATH
- Month: Apr
- Day: 20
- Year: 1936

21. MEDICAL CERTIFICATE OF DEATH
- Date of onset: Apr 1936

22. I HEREBY CERTIFY
- That I attended deceased from Apr 1936 to Apr 1936
- I last saw deceased alive on Apr 1936
- Death occurred on Apr 1936

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

24. If so, specify:
- Manner of injury:
- Nature of injury:

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

**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 |
| MAY 7 1936 |
| BURBACH V. S. |
| 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**
PLACE OF DEATH
County Allegheny
Village or City Ken Waltron

FULL NAME Juliana Streets

PERSONAL AND STATISTICAL PARTICULARS
SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

DATE OF BIRTH Dec 19, 1853

AGE 82 yrs. 3 mos. 21 da. or - hrs.

OCCUPATION (a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed or (employer) retired

BIRTHPLACE Hampshire Co., Va.

NAME OF FATHER John Boyle

BIRTHPLACE OF FATHER Hampshire Co., Va.

MAIDEN NAME OF MOTHER Martha Malick

BIRTHPLACE OF MOTHER Hampshire Co., Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant Mrs. J. T. Dunlop

ADDRESS Oldtown O. K.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 7 yrs. mos. da. In the 3 yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL

STATE OF MARYLAND CERTIFICATE OF DEATH
Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10, 1926

I HEREBY CERTIFY, That I attended the deceased from 192... to 192...
that I last saw her alive on March 9, 192...
and that death occurred on the date stated above, at
The CAUSE OF DEATH was as follows: Ww dead

CERITHIA

Contributory

Secondary

(Signed) Wm. Anderson M.D.

ADDRESS Vaw-Paw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

FILED April 10, 1926 Carrie A. Schonfeld Registrar

UNDERTAKER W. P. Price, attendant

ADDRESS Oldtown O.K.
Statement of Occupation—Proceed to statement of office.

Health Association.

Revised United States Standard
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Allegany
Village or City: Sandy Grove
Registration Dist. No.: 51
Ward:
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
(a) Residence: No.
St., Ward.
(Utility place of abode)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. DATE OF BIRTH (month, day, and year) Feb. 2, 1845
7. AGE Years 91
Months 7
Days 4
If LESS than 1 day, hrs. 0
min.

3a. If married, widowed, or divorced
HUSBAND of:
Samuel Shipley

5a. If married, widowed, or divorced
(First) NAME OF WIFE OF:

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) May 1934
11. Total time (years) spent in this occupation during life

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

13. NAME George W. Petto

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

15. MAIDEN NAME Mary Martin

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

17. INFORMANT
John A. Shipley

18. BURIAL, CREMATION, OR REMOVAL
Place: Turner Cemetery
Date: Apr. 26, 1936

19. UNDERTAKER
Ephraim Smith

20. FILED April 26, 1936

REGISTRAR
T. M. Mann
Signed M. D.

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

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

To be complete, an occupation return must state:

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

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

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

Example I

<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>May 7, 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
</tr>
</tbody>
</table>

Example II

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

Other contributory causes of importance:

Gallstones May 1, 1923
Gastroenteritis 1 year

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

1. PLACE OF DEATH
   County Allegany
   Village or City Frostburg
   Length of residence in city or town where death occurred... yrs. mos. days

2. FULL NAME
   (a) Residence No. 246 Sawrey St., Ward. If nonresident give city or town and State
   Personal and Statistical Particulars
   Sex Female
   Color or Race White
   Single, Married, Widowed, or Divorced Married
   Husband or WIFE of Francis M. Stickmore
   Date of Birth Dec. 2, 1848
   Age 88 Years 3 Months 17 Days
   Trade, profession, or particular kind of work done as SPINNER, BOOKKEEPER, etc.
   Occupation Housewife
   Date deceased last worked at this occupation (month and year) 1920
   Total time (years) spent in this occupation 57 yrs.
   Birthplace (city or town) Brynghy, Scotland
   Mother Father
   Birthplace (city or town) Derry, Maine
   Maiden Name
   Date of death June 6, 1936
   Date of death June 6, 1936
   Date of operation
   Cause of death Cerebral embolism and Chronic endocarditis
   Contributory Causes of importance: Arterio-sclerosis
   Name of operation
   What test confirmed diagnosis? Was there an autopsy?
   Other Contributory Causes of importance:
   Manner of injury
   Nature of injury

21. DATE OF DEATH 4 - 6 - 1936

22. I HEREBY CERTIFY, That I attended deceased from
   Nov. 23, 1936 to April 25, 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

   Date of death

   Other Contributory Causes of importance:

   Manner of injury
   Date of injury

   Nature of injury

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

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

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

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

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

   Address

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

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

To be complete, an occupation return must state:

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

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County ____________
Village or City ________
 Length of residence in city or town where death occurred ______ yrs. __ mos. __ ds.

2. FULL NAME

(a) Residence: No. ____________ St., ____________ Ward. ____________

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

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

Sept 16, 1868

7. AGE

Years ____________
Months ____________
Days ____________
If less than 1 year, ____________ hrs. or ____________ min.

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

House Painter

9. OCCUPATION

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

1928

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

40

12. BIRTHPLACE (CITY OR TOWN)

Baltimore

(State or country)

13. NAME

Hartman Slimploff

14. BIRTHPLACE (CITY OR TOWN)

Germany

(State or country)

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

(State or country)

17. INFORMANT

Lena Slimploff

18. BURIAL, CREMATION, OR REMOVAL

Place _____
Date ____________

19. UNDERTAKER

J. F. Landgraf

(Address)

20. FILED

Dec. 18, 1936

Registrar

21. DATE OF DEATH

April 15, 1936

(YEAR)

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 15, 1936, to April 15, 1936; death is said to have occurred on the date stated above, at 2 a.m.

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

Other Contributory Causes of importance:

23. 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. DISEASE OR INJURY ANY WAY RELATED TO OCCUPATION OF DECEASED?

If so, specify

Signed ____________

(Address)

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### Example I

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>APR 30 1935</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones
  - May 1, 1923

### Example II

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

Other contributory causes of importance:

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

7. AGE
   Years | Months | Days
   IF LESS than
   1 day... hrs.
   or... min.

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

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

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

11. Total time (years)
    spent in this occupation

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

13. NAME
    Bernard Smith
    (Father)

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

15. MAIDEN NAME
    Ethel Louise Williams
    (State or country)

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

17. INFORMANT
    Mrs. Ethel Smith
    Allegany, Md.
    (Address)

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

19. UNDERTAKER
    ___
    (Address)

20. FILED: 4-23-1936, A.R. Walker, M.D.
    Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
   April 19, 1936
   I last saw him/she alive on April 19, 1936; death is said
   to have occurred on the date stated above, at ___m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   (Signature, MD)
   (Date of onset)

   Other Contributory Causes of Importance:

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

23. If death was due to external causes (VIOLANCE) 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)
   (Address)

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td><strong>Date of onset</strong>: 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td><strong>Date of onset</strong>: 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td><strong>Date of onset</strong>: July 1, 1927</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><strong>Date of onset</strong>: May 1, 1923</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td><strong>Date of onset</strong>: 1 year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attack of epilepsy</th>
<th>Run over by street car</th>
<th>Peritonitis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of onset</strong>: 1 week ago</td>
<td><strong>Date of onset</strong>: 1 week ago</td>
<td><strong>Date of onset</strong>: 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: Allegany
- Village or City: Cumberland
- Registration Dist. No.: 1
- Ward: No. Haystack, St. Mary's

**2. FULL NAME**
- Annie Smith
- If U. S. Veteran specify WAR: NR 43
- If present give city or town and State: Burton, Va.

**PERSONAL AND STATISTICAL PARTICULARS**
- Sex: Female
- Color or Race: White
- Single, Married, Widowed, or Divorced (circle one): Widowed
- Husband or Wife of: Jesse Smith

**DATE OF DEATH**
- Month: 11
- Day: 8
- Year: 1936

**MEDICAL CERTIFICATE OF DEATH**
- I HEREBY CERTIFY, That I attended deceased from ___________ 1936 to ___________ 1936.

- I last saw her alive on ___________ 1936; death is said to have occurred on the date stated above, at ____________________.

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

- Other Contributory Causes of Importance:

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

- Manner of Injury:
- Nature of Injury:

- 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

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

**FILED**
- Date: ___________ 1936
- By: ____________________
- Registrar: ____________________

*If more blanks are needed, address State Registrar, 2451 N. Charles Street, Baltimore, Requesting U. S. No. 1.*
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

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</tr>
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<tbody>
<tr>
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<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 7, 1936</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

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

2. FULL NAME: Thomas C. Smith
   Residence: 123 Main St., Cumberland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

6. DATE OF BIRTH (month, day, end year): Unknown - 1876

7. AGE: 60 Years

8. OCCUPATION: Blacksmith

9. PLACE OF DEATH: Cumberland

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

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

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

13. NAME: Josey

   (State or country)

15. MAIDEN NAME: Anna

   (State or country)

17. INFORMANT: Mrs. Eliza Ritchie
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Hillcrest Cem. Date: April 18, 1936

19. UNDERTAKER: Wm. Smith
   (Address)

20. FILED: Apr. 17, 1936

21. DATE OF DEATH: April 16, 1936

22. I HEREBY CERTIFY: That I attended deceased from
   19 __, 10 __, 19 __

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: Railroad accident
   Date of Injury: 4-16, 1936
   Where did injury occur: Cumberland, Md.
   Industry: B. & O. Railroad

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

If so, specify: __________

If nonspecify: __________

Registrar: Wm. J. F. Franklin

If more blanks are needed, address State Registrar, 2111 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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Example I

| The principal cause of death and related causes of importance were as follows: |
|-----------------------------|-----------------------------|
| Arteriosclerosis            | 1915                        |
| Chronic interstitial nephritis | 1921                      |
| Cerebral hemorrhage         | July 5, 1927                |
| Other contributory causes of importance: | May 1, 1923 |

Example II

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

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

## 1. PLACE OF DEATH
- **County:** Allegany
- **Village or City:** Grantham
- **Within Corporate Limits:** Y
- **Registration Dist. No.:** 5
- **Stb. 21 Ward:** Y
- **Length of residence in city or town where death occurred:** 50 yrs., mos., ds.
- **How long in U.S. if of foreign birth:** yrs., mos., ds.

## 2. FULL NAME
- **Residence:** No. 5, Boons St., 21 Ward.
- **Name:** Andrew P. Sherman

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5a. If married, widowed, or divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>HUSBAND of [ Blank ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, year)</th>
<th>7. AGE (years, months, days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 14, 1867</td>
<td>58, 11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Trade, profession, or particular job</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spinner, Sawyer, Bookkeeper, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Industry or business in which work was done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silk Mill, Saw Mill, Bank, etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Date deceased last worked in this occupation (month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>This occupation (month and year)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Total time (years, months, days) spent in this occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>This occupation (years, months, days)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pittsburg, Pa. (State or country)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
<th>14. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Sherman</td>
<td>Allegheny, Pa. (State or country)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. MAIDEN NAME</th>
<th>16. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ Blank ]</td>
<td>Ireland (State or country)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. INFORMANT (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ Blank ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, DISPOSAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ Blank ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. UNDERTAKER (Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. J. Frankies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. FILED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 22, 1936</td>
</tr>
</tbody>
</table>

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 21, 1936</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1936 to July 21, 1936</th>
</tr>
</thead>
<tbody>
<tr>
<td>I last saw deceased on 4/24/36. Deceased died on the same day.</td>
</tr>
<tr>
<td>The principal cause of death was [ Blank ]. The related cause of importance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23. If death was due to external causes (VIOLANCE), fill in the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident, suicide, or homicide? Date of injury, 1936</td>
</tr>
<tr>
<td>Where did injury occur? (Specify city or town, county, and state)</td>
</tr>
<tr>
<td>Specify whether injury occurred in industry, in home, or in public place.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24. Was disease or injury in any way related to occupation of deceased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If so, specify</td>
</tr>
</tbody>
</table>

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 4.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<th>The principal cause of death and related causes of importance</th>
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</tr>
</thead>
<tbody>
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<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>MAY 7, 1920</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH

County: Allegany
Village or City: Cumberland

2. FULL NAME.

(a) Residence: No. 621 West St., St. 6-1 Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

white

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

SINGLE

5a. If married, widowed, or divorced

HUSBAND of

(Wife of)

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

Apr. 27, 1936

7. AGE

Years: 70
Months: 1
Days: 17

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

11. Total time (years)

spent in this occupation

12. BIRTHPLACE (city or town)

Cumberland, Md.

(State or country)

13. NAME

William P. Staerman

14. BIRTHPLACE (city or town)

New Milton

(State or country)

15. MAIDEN NAME

Florence LaRue Hendle

16. BIRTHPLACE (city or town)

Berkeley Springs, W. Va.

(State or country)

17. INFORMANT .

Florence Staerman

18. BURIAL, CREMATION, OR REMOVAL

Cremated, Date Apr. 27, 1936

19. UNDERTAKER

None

20. FILED

Apr. 27, 1936, Dr. J. F. Franklyn

Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Apr. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1936, to Apr. 27, 1936, and that death occurred on the date stated above, at 9:00 a.m.

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

Other Contributory Causes of importance:

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

Accident, suicide, or homicide? Where did injury occur? What test confirmed diagnosis? Specified 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

Dr. J. F. Franklyn

Address: Cumberland, Md.

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

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</tr>
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<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>MAY 7 1936</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>BUREAU V. S.</strong></td>
<td><strong>3 days ago</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>Date of onset</strong></td>
</tr>
<tr>
<td><strong>May 1, 1931</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>1 year</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

**1. PLACE OF DEATH**
- County: Allegany
- Village or City: Cumberland
- Length of residence: 20 yrs., mos., ds.
- Registration Dist. No.: 4
- No. of Deceased: 1
- St. 4
- Ward: 4

**2. FULL NAME**
- Name: Martha Ellen Stehly
- If U.S. Veteran, specify WAR: 

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Color or Race</th>
<th>Single, Married, Widowed, or Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

**5a. If married, widow, or divorced**
- HUSBAND OF: 

**6. DATE OF BIRTH (month, day, and year):**
- Jan 20, 1863

**7. AGE**
- Years: 73
- Months: 
- Days: 3

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

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

**12. BIRTHPLACE (city or town):**
- Springfield, Mass.

**13. NAME:**
- Father: Mary E. Davis

**14. BIRTHPLACE (city or town):**
- Springfield, Mass.

**15. MAIDEN NAME:**
- 

**16. BIRTHPLACE (city or town):**
- Springfield, Mass.

**17. INFORMANT:**
- Address:

**18. BURIAL, CREMATION, OR REMOVAL**
- Place: Logan, Cem. Date: Apr. 9, 1926

**19. UNOERTAKER:**
- Address: Loganstein Inc.

**20. FILED:**
- Date: Apr. 9, 1936

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH**
- (Month): 3
- (Day): 7
- (Year): 1936

**22. I HEREBY CERTIFY:**
- That I attended deceased from 3-8-36 to 4-7-36; death is said to have occurred on the date stated above, at 3 a.m.
- The principal cause of death and related causes of importance were as follows:

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

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:**

**Date of onset:**
- Feb 3, 1936

**If more blanks are needed, address State Registrar, 241 S. Charles Street, Baltimore, Requesting U.S. No. 1.
United States Standard Certificate of Death

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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: Allegany
- Village or City: Cumberland
- Registration Dist. No.: 5

## 2. FULL NAME
- Hermann Steiding
- Residence: No. 3087 W. Waverly Ave., Cumberland, MD

### PERSONAL AND STATISTICAL PARTICULARS
- **SEX**: Male
- **COLOR OR RACE**: White
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Married
- **DATE OF BIRTH**: Jan. 2, 1861
- **AGE**: 75 years, 4 months, 13 days
- **OCCUPATION**: Farmer

## 21. DATE OF DEATH
- **DATE OF DEATH**: April 16, 1936

### MEDICAL CERTIFICATE OF DEATH
- **DATE OF DEATH**: April 16, 1936
- **I HEREBY CERTIFY**: That I attended deceased from...
- **Date of onset**: 1955
- **Other Contributory Cause of Importance**: Chronic myocarditis

### 12. BIRTHPLACE
- **BIRTHPLACE (city or town)**: Boston, MD

### 13. NAME
- **NAME**: Hermann Steiding
- **MOTHER**: Marie Elizabeth Steiding

### 18. BURIAL, CREMATION, OR REMOVAL
- **Place**: Deed Park, MD
- **Date**: April 19, 1936

### 19. UNDERTAKER
- **Address**: Deed Park, MD

### 20. FILED
- **Address**: Allegany County, MD
- **Registrar**: R. J. Franklin
- **Date**: Apr. 17, 1936

---

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

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

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**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | MAY 7, 1926 |
| 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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County. Allegany
Village or City. Cumberland MD

2. FULL NAME

(a) Residence: No. 811 Shriver Ave

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED [MARRIED]

Sa. If married, widowed, or divorced

HUSBAND OF (or) WIFE OF

Albert Stone

6. DATE OF BIRTH (month, day, and year) Nov 16, 1862

7. AGE

Years Months Days

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

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

Housesweeper

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

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

12. BIRTHPLACE (city or town) Steubenville

13. NAME John Summers

14. BIRTHPLACE (city or town) Williamsport

15. MAIDEN NAME Ann C. Barfield

16. BIRTHPLACE (city or town) Chambersville MD

17. INFORMANT Albert Stone

18. BURIAL, CREMATION, OR REMOVAL

Place: Cumberland MD, Date: April 15, 1936

19. UNDERTAKER John Stein & Son

20. FILED Apr 17, 1936, Dr. J.P. Franklin

21. DATE OF DEATH April 16, 1936

22. I HEREBY CERTIFY That I attended deceased from

4-13-36 to 4-16-36

I last saw him alive on 4-16-36, 1936; death is said to have occurred on the date stated above, et al.

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

Acute Myocarditis

Date of onset 4-11-36

Other Contributory Causes of importance:

Pulmonary Edema

Date of onset 4-11-36

Name of operation __________ Date of __________

What test confirmed diagnosis __________

Was there an autopsy? __________

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

Accident, suicide, or homicide? __________ Date of Injury __________

Where did injury occur? __________

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

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

If so, specify __________

(Signed) __________

Registar __________

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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Example I

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Chronic interstitial nephritis
Cerebral hemorrhage

Date of onset
MAY 7, 1936
JULY 5, 1927

Other contributory causes of importance:
Gallstones

Example II

The principal cause of death and related causes of importance were as follows:
Attack of epilepsy
Run over by street car
Peritonitis

Date of onset
1 week ago
1 week ago
3 days ago

Other contributory causes of importance:
Gastroenteritis

Gallstones

Date of onset
May 1, 1923

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

1. PLACE OF DEATH

County: Allegany
Village or City: Cumberland, Maryland
Registration Dist. No. 4
No. General Hospital 6-1 Ward
(WITHIN CORPORATE LIMITS)
Length of residence in city or town where death occurred.

2. FULL NAME

William B. Tansill
(a) Residence: No. 432 Leaing Ave., City
(Urbanplace of abode)

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

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

6. DATE OF BIRTH

Feb. 5 - 1868

7. AGE

Years: 68
Months: 2
Days: 23

8. TRADE, PROFESSION, OR PARTicular

Unemployed

9. OCCUPATION

Sawyer, Bookkeeper, etc.

10. DATE DECEASED LAST WORKED

Unemployed

11. TOTAL TIME (YEARS)

Spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

Virginia

13. NAME

William H. Tansill

14. BIRTHPLACE (CITY OR TOWN)

Virginia

15. MAIDEN NAME

Mary Ann Johnson

16. BIRTHPLACE (CITY OR TOWN)

Virginia

17. INFORMANT

Memorial Hospital

Cumberland

18. BURIAL, CREMATION, OR REMOVAL

Place: Cumberland

19. UNDERTAKER

J. P. Franklin

20. FILED

Apr. 20, 1936

21. DATE OF DEATH

April 28, 1936

22. I HEREBY CERTIFY

That I attended deceased from
Mar. 11, 1926, to Apr. 28, 1936

I last saw him alive on Apr. 28, 1926; death is said

to have occurred on the date stated above, et al.,

The PRINCIPAL CAUSE OF DEATH AND related causes of importance

were as follows:

Asthma

Date of onset

10 yrs

Other Contributory Causes of Importance:

Pneumonia, Bright's

20 yrs

Name of operation:

Acute Bright's

Date of:

What test confirmed diagnosis?

Clinical. Was there an autopsy?

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

Accident, suicide, or homicide:

Date of injury:

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

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<td>Peritonitis</td>
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<td>1 week ago</td>
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<tr>
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<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Mt. Savage
   Railroad St.,
   No. St.,
   Registration Dist. No. 10
   Ward:
   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
   James Joseph Thompson
   Residence: Railroad St.
   (Usual place of abode)
   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
   Widowed

6. DATE OF BIRTH (month, day, and year)
   Mar. 19, 1857

7. AGE
   Years: 79
   Months: 16
   Days: 0
   If less than 1 day, hours or minutes.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Hotel Business
   Hotel Mgr.

9. OCCUPATION
   Hotel Business
   Hotel Mgr.

10. DATA DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
    1918

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    20

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

13. NAME
    Unknown

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

15. MAIDEN NAME
    Unknown

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

17. INFORMANT
    Jerome Thompson

18. BURIAL, CREMATION, OR REMOVAL
    St. Michael's
    Date: Apr. 16, 1936

19. UNDERTAKER
    Jacob Hafer
    (Address)

20. FILED
    April 7, 1936
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) April
    (Day) 4
    (Year) 1936

22. I HEREBY CERTIFY
    That I attended deceased from
    Apr. 30 to Apr. 4, 1936
    I last saw him alive on
    Apr. 31, 1936
    Death is said to have occurred on the date stated above, at
    3:30 A.M.

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

Chronic Myocarditis

Other Contributory Causes of Importance:

Name of operation:

What test confirmed diagnosis:

Date of:

Was there an autopsy:

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

Accident, suicide, or homicide:

Date of Injury:

Where did injury occur:

(Specify city or town, county and State)

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

Manner of injury:

Nature of injury:

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

If so, specify:

(Signed)

Date:

(Address)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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<td>May 2, 1936</td>
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</tr>
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<td>July 5, 1927</td>
<td></td>
</tr>
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Other contributory causes of importance:

| Gallstones | Gastroenteritis |
| May 1, 1933 | 1 year |

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

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

2. FULL NAME: Bertha E. Twigg
(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
6. If married, widowed, or divorced: Husband of
   (or) Wife of: Addison Henry Twigg
7. DATE OF BIRTH (month, day, and year): April 2, 1880
8. OCCUPATION: Nurse's aide
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK Done: Silk mill, saw mill, bank, etc.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): April 2, 1880
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION:

12. BIRTHPLACE (CITY OR TOWN): Campfield, Pa.
13. NAME: Bertha E. Twigg
15. MAIDEN NAME: Tina Boomerhamer
17. INFORMANT: Sarah R. Valentine
18. BURIAL, CREMATION, OR REMOVAL: Location: Date: April 11, 1935
19. UNDERTAKER: Joseph D. Paton
20. FILED: April 10, 1935, D. J. P. Franklin

21. DATE OF DEATH: April 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3:00 p.m. to 7:30 p.m., 1935, to have occurred on the date stated above, at 8:30 p.m., 1935. The principal cause of death and related causes of importance were as follows:

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

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

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

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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: MAY 7 1936</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland, Md

2. FULL NAME
   (a) Residence: No. 435, Independence St., Ward 3
   Full Name: George E. Twigg
   Residence: Cumberland, Md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   SINGLE

6. DATE OF BIRTH (month, day, and year)
   May 15, 1914

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

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   WORKED AT
   At Home

9. OTHER OCCUPATION
   NONE

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    (month and year)
    May 15, 1914

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

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

13. NAME
    Riley Twigg

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

15. MAIDEN NAME
    Naomi Andrews

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

17. INFORMANT
    Riley Twigg

18. BURIAL, CREMATION, OR REMOVAL
    Place: Hillcrest Cem.
    Date: Apr 24, 1936

19. UNDERTAKER
    John C. Wolford
    Cumberland, Md

20. FILED
    Apr 24, 1936
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    April 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Apr 20, 1936, to Apr 22, 1936
    I last saw him in life on Apr 22, 1936
    Death was said to have occurred on the date stated above, at 9:15 am

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

24. Other Contributory Causes of Importance:
    Endocarditis, arteriosclerosis

25. Name of operation.
    Date of operation.
    What was the confirmed diagnosis?
    Was there an autopsy?

26. 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.

27. Manner of injury.
    Nature of injury.

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

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

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

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

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

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

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

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

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<td>Run over by street car</td>
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>RECEIVED MAY 7, 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>J U L Y 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
- Gallstones
- Gastroenteritis

Date of onset: May 1, 1923

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No. 7
   No. St. Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME
   Miss Mary A. Yohe
   (a) Residence: No. 3 Church St., Ward.
   (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   July 25, 1860

7. AGE
   Years: 75
   Month: 8
   Days: 18
   If less than 1 day, hrs. or min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   John W. Yohe

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

15. MAIDEN NAME
   Annette Bokelman

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

17. INFORMANT
   Mrs. Duffy, 6 Church St., MD

18. BURIAL, CREMATION, OR REMOVAL
   Place: Cumberland
   Date: April 15, 1936

19. UNDERTAKER
   J. E. Dungy, MD

20. FILED
   4-14, 1936, A. R. Walker, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   4 - 12 - 1936

22. I HEREBY CERTIFY that I attended deceased from April 6, 1936, to April 12, 1936
   and saw her alive on April 12, 1936; death is said to have occurred on the date stated above, at 89. m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Acute parrotitis on 2 days.

   Other Contributory Causes of importance:
   Chorea, inestitus, inanition, thy cardials.

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

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

   Manner of injury.
   Nature of injury.

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

   (Signed) M. D.

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

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

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

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

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

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

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

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<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>APR 30 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>BUREAU V. S.</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: Allegany
- Registration Dist. No.: 9
- Village or City: Hagerstown
- Not in hospital
- Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

- Abortion Wannick

PERSONAL AND STATISTICAL PARTICULARS

- SEX: Male
- COLOR OR RACE: White
- SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

3a. If married, widowed, or divorced

- HUSBAND of:
- WIFE of:

5. DATE OF BIRTH (month, day, and year): April 15, 1936

6. AGE

- Years
- Months
- Days

7. OCCUPATION

- Trade, profession, or particular kind of work done: Spinner

8. DATE DECEASED LAST WORKED AT

- This occupation: April 15, 1936

21. DATE OF DEATH

- Month: April
- Day: 15
- Year: 1936

22. I HEREBY CERTIFY, That I attended deceased from

- April 14, 1936, to April 15, 1936.

- Last seen: April 15, 1936.

- Death is said to have occurred on the date stated above, at 8:20 a.m.

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

- Spontaneous abortion

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 (VIOLANCE) fill in also the following:

- Accident, suicide, or homicide: Date of injury:

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

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

- Manner of injury:

- Nature of injury:

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

- If so, specify:

- (Signed) M. J. Wannick

- Address: (Address): 1001 Millard St.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:
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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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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationery 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>
<td>Arteriosclerosis [RECEIVED] 1915</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis JUL 1 1936</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage BUREAU V. S. JUL 5 1927</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1 1923</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County ALLEGANY
   Village or City CUMBERLAND, MARYLAND
   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
   Registration Dist. No. 4
   Mem. HOSPITAL 6 Ward
   No. 6-1  Ward.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME RUTH WEIMER
   (a) Residence: No. BERLIN, PENNSYLVANIA St., Ward.
   If U. S. Veteran, specify WAR NR-85
   (usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS
3. SEX FEMALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED SINGLE

6. DATE OF BIRTH (month, day, and year) SEPT. 30, 1931
7. AGE Years 4 Months 6 Days 19
   If less than 1 day, hrs. or mins.

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

12. BIRTHPLACE (city or town) PENNSYLVANIA
    (State or country)
13. NAME HARRY WEIMER
14. BIRTHPLACE (city or town) PENNSYLVANIA
    (State or country)
15. MAIDEN NAME RUTH KROUSHOUR
16. BIRTHPLACE (city or town) PENNSYLVANIA
    (State or country)
17. INFORMANT MOTHER
    (Address)
18. BURIAL, CREMATION, OR REMOVAL
    Place BERLIN, PA Date April 20, 1936
19. UNDERTAKER JOHNSON FUNERAL HOME
    Address BERLIN, PA
20. FILED APR. 20, 1936 Dr. T. E. Franklina
    Factual Certif. Inspector

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH APRIL 19, 1936
   (Month) (Day) (Year)
   I HEREBY CERTIFY That I attended deceased from
   April 19, 1936, to... April 19, 1936
   I first saw deceased alive on April 15, 1936; death is said
   to have occurred on the date stated above, at 8:00 P.M.
   The principal cause of death were as follows:
   Date of onset April 16
   Other Contributory Causes of importance:
   Death Date April 17
   Name of operation...
   Date of...
   What test confirmed diagnosis?...
   Was there an autopsy?...
22. 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? Specifying city or town, county and State
    Specify whether injury occurred In INDUSTRY, IN HOME, or in PUBLIC PLACE.
23. Manner of injury...
    Nature of injury...
    Manner of injury...
    Nature of injury...
24. Was disease or injury in any way related to occupation of deceased?
    If so, specify
    (Signed)
    (Address)
    M. D.

If more blanks are needed, address State Registrar, 2415 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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</tr>
</tbody>
</table>

Other contributory causes of importance:
- Gallstones
- Gastroenteritis

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

1. PLACE OF DEATH
   County: Allegany
   No. County: Almshouse
   Registration Dist. No. 4
   Village or City: Cumberland, Md
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Benjamin A. Wentling
   (a) Residence: No. City, Route 2.
   St., Ward.

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, and year): June 24, 1862

   8. OCCUPATION: Farmer

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

   11. Total time (years) spent in this occupation

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

   13. NAME: John. Wentling
   14. BIRTHPLACE (city or town): Pa
      (State or country)

   15. MAIDEN NAME: Martha. Davis
   16. BIRTHPLACE (city or town): Md
      (State or country)

   17. INFORMANT: Virgil. Hinkle
      Cumberland: Md
      Address

   18. BURIAL, CREMATION, OR REMOVAL: Cem.
      Place Mt Herman. Date: April 7, 1936

   19. UNDERTAKER: John C. Wolford
      Cumberland: Md

   20. FILED: Apr. 7, 1936

   21. DATE OF DEATH (Month, Day, Year): April 5, 1936

   22. I HEREBY CERTIFY: That I attended deceased from 12-13, 1936 to 4-5, 1936. I last saw him alive on 4-5, 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:

   Other Contributory Causes of Importance:

   Name of operation: Date of:
   What test confirmed diagnosis? No.
   What was the nature of the test 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? No.
      If so, specify:
      (Signed) W. J. Williams
      (Address)
United States Standard Certificate of Death

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

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

Other contributory causes of importance:

| Other contributory causes of importance: | Other contributory causes of importance: |
| Gallstones | May 1, 1923 | Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

   County: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 20
   Within Corporate Limits: Yes
   No.: Allegany Hospital
   St.: 4
   Ward: 4
   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.
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME

   Malea Hagfield
   Residence: No. 218, Grove St., Baltimore
   Ward.
   If U.S. Veteran, specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
   July 18, 1934

7. AGE
   Years: 1
   Months: 6
   Days: 5
   If LESS than 1 day, ... hrs. or... min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
    Malea Hagfield

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

15. MAIDEN NAME
    Hagfield

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

17. INFORMANT
    Next of kin

18. BURIAL, CREMATION, OR REMOVAL
    Place: 1936
    Date: April 24, 1936

19. UNDERTAKER
    Christian, P.

20. FILED: Allegany County
    Date: Feb. 24, 1936
    Registrars: J. H. Frankel

21. DATE OF DEATH
    Month: April
    Day: 23
    Year: 1936

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, that I attended deceased from April 14, 1936, to April 23, 1936.
    I last saw her alive on April 23, 1936; death is said to have occurred on the date stated above, at 3:00 a.m.
    The principal cause of death and related causes of importance were as follows:

    Date of onset: April 12, 1936

    Date of death: April 23, 1936

    Other contributory causes of importance:

    Date of:

    Name of operation:
    Date of:

    What test confirmed diagnosis?
    Was there an autopsy?

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

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

    Manner of injury:
    Nature of injury:

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

    If so, specify
    (Signed)
    (Address)

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

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

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</tr>
<tr>
<td>of importance were as follows:</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>MAY 7, 1906</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>BUREAU V. S.</td>
</tr>
<tr>
<td></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>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: Allegany
   Village or City: Cumberland
   No. Krohley View Drive
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. Krohley View Drive
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>1. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. SEX</th>
<th>5.單, 已婚, 未婚, 或離異 (寫出字樣)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Husband of (or) Wife of</th>
<th>Jarina Hillson</th>
</tr>
</thead>
</table>

6. DATE OF BIRTH (month, day, and year) | July 30, 1853 |

<table>
<thead>
<tr>
<th>7. AGE</th>
<th>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK (as SPINNER, SAWER, BOKKER, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years</td>
<td>Homemaker</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homemaker</td>
</tr>
</tbody>
</table>

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

11. Total time (years) spent in this occupation | 8 |

12. BIRTHPLACE (city or town) | Bedford, PA |

<table>
<thead>
<tr>
<th>13. NAME</th>
<th>14. BIRTHPLACE (city or town)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellin</td>
<td>PA.</td>
</tr>
</tbody>
</table>

15. MAIDEN NAME | Unknown |

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

<table>
<thead>
<tr>
<th>17. INFORMANT</th>
<th>18. BURIAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marshall Williams</td>
<td>Laurel Cem.</td>
</tr>
</tbody>
</table>

19. Undertaker | (Address) |

<table>
<thead>
<tr>
<th>20. FILED</th>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr. 21, 1936</td>
<td>Apr. 17, 1936</td>
</tr>
</tbody>
</table>

22. I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1936, to Apr. 19, 1936, at 17:27, a.m., death to have occurred on the date stated above, at 11:52, a.m. 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>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary edema</td>
<td>11:52 a.m.</td>
</tr>
<tr>
<td>Heart failure</td>
<td></td>
</tr>
</tbody>
</table>

Other Contributory Causes of Importance:

<table>
<thead>
<tr>
<th>Other Contributory Causes of Importance</th>
<th>Date of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Accident, Suicide, or Homicide?</th>
<th>Date of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>If so, specify</th>
<th>M.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>RECEIVED 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>MAY 16 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
Gallstones May 1, 1923

Other contributory causes of importance:
Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: Cumberland
   - Registration Dist. No.: 3

2. **FULL NAME**
   - Name: Ralph Wilson

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Sept. 16, 1931

7. **AGE**
   - Years: 4
   - Months: 7
   - Days: 3

8. **OCCUPATION**
   - Trade, profession, or particular kind of work done, as SPINNER,SEWERY, BOOKKEEPER, etc.: None

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - Month: Jan.
   - Year: 1933

10. **DATE OF DEATH**
    - (Month) Apr., (Day) 19, (Year) 1936

11. **MEDICAL CERTIFICATE OF DEATH**
    - I HEREBY CERTIFY, That I attended deceased from ______________
    - (Month) Apr., (Day) 19, (Year) 1936
    - Last seen alive on ______________
    - Death stated to have occurred on the date stated above, at ______________
    - The Principal Cause of Death and related causes of importance were as follows:
      - Acute Nephritis
      - Date of onset: 1933
      - Other Contributory Causes of importance:
      - Maria Cumberland
      - 27 yrs.

12. **NAME OF MOTHER**
    - Name: Phebe Wilson

13. **MOTHER'S MAIDEN NAME**
    - Wilson

14. **BIRTHPLACE (city and town)**
    - (State or country): Cumberland, Ind.

15. **DATE OF DEATH**
    - (Month) Apr., (Day) 19, (Year) 1936

16. **PLACE OF DEATH**
    - (State or country): Cumberland, Ind.

17. **INFORMANT**
    - Name: Ralph Wilson
    - Address: Cumberland

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Garrisonfont
    - Date: Apr. 26, 1936

19. **UNDERTAKER**
    - Name: Sam Stein
    - Address: Cumberland

20. **FILED**
    - Apr. 21, 1936

21. **REGISTRAR**
    - J. P. Franklin

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: REACED 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>MAY 7 1936</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1923</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Franklin, City Limits: La Vale
   Registration Dist. No. 4
   Ward: St., Ward: St. Paul
   Length of residence in city or town where death occurred: 10 yrs. mos. ds.
   How long in U.S. if of foreign birth? yers. mos. ds.

2. FULL NAME
   Ralph Emmitte Woodland

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   (Month, day, year)
   July 17, 1894

7. AGE
   Years: 42
   Months: 8
   Days: 21

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

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

10. Date deceased last worked at this occupation (month and year)
   (Month, day, year)
   July 17, 1936

11. Total time (years) spent in this occupation
   (Month, day, year)
   July 17, 1936

12. BIRTHPLACE (city or town)
   (State or country)
   Franklin, Ind.

13. NAME
   Thos. E. Woodland

14. BIRTHPLACE (city or town)
   (State or country)
   Richmond, Va.

15. MAIDEN NAME
   Butter Dr. Sills

16. BIRTHPLACE (city or town)
   (State or country)
   Franklin, Ind.

17. INFORMANT
   (Address)
   Thos. E. Woodland

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Franklin, Ind.
   Date: July 11, 1936

19. UNDERTAKER
   (Address)
   Damas, Smill & Co.

20. FILED
   Apr. 10, 1936, M. J. P. Franklin

21. DATE OF DEATH
   (Month, day, year)
   Apr. 8, 1936

22. I HEREBY CERTIFY that I attended deceased from
   (Month, day, year)
   Mar. 19, 1936, to Apr. 8, 1936, death is said to have occurred on the date stated above.
   The PRINCIPAL CAUSE OF DEATH (and related causes of importance as follows)
   (Month, day, year)
   Influenza
   Date of onset: 3/31/36

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

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

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

Registrar.

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<td>May 7, 1936</td>
<td>July 5, 1927</td>
</tr>
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<td>Bureau V.S.</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>Gastroenteritis</td>
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<td>May 1, 1923</td>
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</tbody>
</table>

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

1. PLACE OF DEATH
   County: ALLEGANY
   Village or City: CUMBERLAND, MD, MEMORIAL HOSPITAL
   Length of residence in city or town where death occurred:

2. FULL NAME: GEORGE HENRY YUTZY
   (a) Residence: No.
   If U. S. Veteran, specify WAR
   ST., Ward.

3. SEX: MALE
   COLOR OR RACE: WHITE
   SINGLE

4. DATE OF BIRTH: MARCH 13, 1910
   AGE: Years 22

5. OCCUPATION: CLERICAL WORK

6. DATE OF DEATH: APRIL 27, 1936

7. MEDICAL CERTIFICATE OF DEATH
   I HEREBY CERTIFY, That I attended decedent from
   April 27, 1936, to April 27, 1936, death is said
   to have occurred on the date stated above, at 6:15 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:

8. Cause: Date of onset

9. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   Name of operator of decedent
   What test confirmed diagnosis? Date of
   Was there an autopsy?

10. 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

11. MANNER OF INJURY
    NATURE OF INJURY

12. BIRTHPLACE: PENNA.

13. NAME: GEORGE YUTZY

14. BIRTHPLACE: PENNA.

15. MAIDEN NAME: HETTIE GILDNER

16. BIRTHPLACE: PENNA.

17. INFORMANT: MEMORIAL HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
   Place: DANDENON, PA
   Date: April 29, 1936

19. UNDERTAKER: MILLER & SKEeY
   Address: ROCKWOOD, PA
   Date: April 29, 1936

20. FILED: APRIL 29, 1936

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

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

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

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

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

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

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

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<tr>
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Other contributory causes of importance:

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

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Allegany
Village or City CUMBERLAND
Registration Dist. No. 12
(WITHIN CORPORATE LIMITS) 
No. 105 MILLS BRIDGE AVE. St. 1 Ward

2. FULL NAME
Franklin Zantopp
(a) Residence: No. 105 MILLS BRIDGE AVE. St. 1 Ward.
(If U.S. Veteran, specify WAR)

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

6. DATE OF BIRTH (month, day, and year) April 3, 1884
7. AGE Years: 57 Months: 10

8. OCCUPATION Cellar Boy

9. DATE OF DEATH (month, day, and year) April 27, 1936

10. PLACE OF DEATH (city or town) CUMBERLAND

11. TOTAL TIME (years) spent in this occupation (month and year)

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

13. NAME Franklin Zantopp
14. FATHER Name

15. MOTHER NAME Christine Smith

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

17. INFORMANT Name

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Name

20. FILED April 27, 1936

If more blanks are needed, address State Registrar, 1211 N. Charles Street, Baltimore, Requesting U.S. No. 2.
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