### State of Maryland—Certificate of Death

**1. Place of Death**
- County: Charles
- Village or City: La Plata, MD.
- Registration Dist. No.: 100
- 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: 7 yrs., 0 mos., 0 ds.
- How long in U.S. if of foreign birth: 7 yrs., 0 mos., 0 ds.

**2. Full Name**
- Residence: No. 68, Piogah, MD.
- (Unusual place of abode)
- If nonresident give city or town and State: (Unusual place of abode)

**3. Personal and Statistical Particulars**
- Sex: Female
- Color or Race: White
- Single, Married, Widowed, or Divorced: Married
- Date of Death: June 20, 1936

**4. Occupation**
- Trade, profession, or particular kind of work done: Housewife

**5. Date of Birth**
- Year: 1871
- Month: June
- Day: 28

**6. Age**
- Years: 58
- Months: 0
- Days: 20

**7. Place of Death**
- Hospital or Institution: (Unusual place of abode)

**8. Medical Certificate of Death**

**9. Date of Death**
- Month: June
- Day: 20
- Year: 1936

**10. Date of Death**
- Date of operation: June 27, 1936

**11. Date of Death**
- Date of onset: June 27, 1936

**12. Birthplace**
- City or town: Maryland
- State or country: Maryland

**13. Name**
- Father's name: (Unusual place of abode)

**14. Birthplace**
- City or town: Maryland
- State or country: Maryland

**15. Mothers Name**
- Name: (Unusual place of abode)

**16. Birthplace**
- City or town: Maryland
- State or country: Maryland

**17. Informant**
- Address: (Unusual place of abode)

**18. Burial, Cremation, or Removal**
- Place: August, MD.
- Date: June 27, 1936

**19. Undertaker**
- Address: (Unusual place of abode)

**20. Filed**
- Date: June 27, 1936

**21. Date of Death**
- Month: June
- Day: 20
- Year: 1936

**22. I hereby certify**
- That I attended deceased from June 19, 1936, to June 20, 1936; death is said to have occurred on the date stated above, at 6:15 A.M.

**23. The principal cause of death**
- Heart failure, arteriosclerosis.

**24. Other Contributory Causes of Importance**
- Chronic bronchitis, emphysema, bronchiectasis.

**25. Name of operation**
- (Unusual place of abode)

**26. What test confirmed diagnosis?**
- (Unusual place of abode)

**27. Was there an autopsy?**
- (Unusual place of abode)

**28. If death was due to external causes (violence) fill in also the following**
- Accident, suicide, or homicide: (Unusual place of abode)
- 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:

**29. Manner of injury**
- (Unusual place of abode)

**30. Nature of injury**
- (Unusual place of abode)

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

**32. Signature**
- (Unusual place of abode)

**33. Address**
- (Unusual place of abode)

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

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

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

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

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

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

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

Example I

The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis 1915  
Chronic interstitial nephritis 1921  
Cerebral hemorrhage 1927  

Other contributory causes of importance:  
Gallstones 1923  

Example II

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

Other contributory causes of importance:  
Gastroenteritis 1 year  

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

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

2. FULL NAME
   (a) Residence: No. (Usual place of abode)
   Full Name: Wallace Fairfax Clark

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Negro

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

5a. If married, widowed, or divorced
   HUSBAND OF (or) WIFE OF Mollie S. Clark

6. DATE OF BIRTH (month, day, and year)
   Feb 20, 1871

7. AGE
   Years: 65
   Months: 3
   Days: 13

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Electrician (retired)

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   U.S. Nickel Plate Factory

10. Date deceased last worked at this occupation (month and year)
    Oct 27

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

12. BIRTHPLACE (city or town)
    Conestoga

13. NAME
    Fairfax Clark

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

15. MAIDEN NAME
    Winnie Ann Brown

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

17. INFORMANT
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Pommekey
   Date: June 4, 1936

19. UNDERTAKER
   (Address)

20. FILED
    (Address)
    Registrar

21. DATE OF DEATH
    June 1, 1936

22. I HEREBY CERTIFY

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

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

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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, 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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<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td></td>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>REEVED</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Charles
Village or City: Riverside

2. FULL NAME

(a) Residence: No. Riverside Rd., St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M A L E

4. COLOR OR RACE

W H I T E

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

M A R R I E D

6a. If married, widowed, or divorced

HUSBAND OF

Mary Harrison

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

March 4, 1881

7. AGE

Years: 53

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

Merchant

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

(Retail)

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

Harry T. Harrison

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Marie J. Johnson

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Mrs. Harry T. Jenkins

18. BURIAL, CREMATION, OR REMOVAL

Riverside Cemetery, June 16, 1936

19. UNDERTAKER

Harry T. Jenkins

20. FILED

June 16, 1936

REGISTRAR

MARK R. WILLIAMS, Registrar

Registration Dist. No. 6125

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936, to June 14, 1936; death is said to have occurred on June 14, 1936; death is said 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:

Second and Third Degree Burns

Died from Burns, first degree, June 13, 1936

Gasoline Inhalation, February 8, 1936

Other Contributory Causes of Importance:

Shock

Mycosistitis

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

Accident, suicide, or homicide? Accident

Date of injury: June 13

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

Specified 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

Manner of injury

Nature of injury

(printed or typed)

(Signed) M. D.

(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 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, spinner, etc.

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

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

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

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<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>JUL 6, 1936</td>
<td></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>EUREAU V.S.</td>
<td>1 week ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Charles.
   Village or City: Piagrak.
   No. St. Ward.

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

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Odd

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

5a. If married, widowed, or divorced
   HUSBAND of Wife of
   Thomas J. Hawkins.

6. DATE OF BIRTH (month, day, and year)
   May 10, 1882

7. AGE
   Years: 54
   Months: 1
   Days: 6
   If LESS than 1 day, ______ hrs. or ______ min.

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)
    (State or country)
    Piagrak, Maryland

13. NAME
    Fred. Drew.

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

15. MOTHER NAME
    Eliza Chunn.

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

17. INFORMANT
    (Address)
    Thomas J. Hawkins.
    Piagrak, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Piagrak, Md.
    Date: June 19, 1936

19. UNDERTAKER
    (Address)
    Stanley Pishing.
    Piagrak, Md.

20. FILED
    June 17, 1936.
    Mary Dunford, Registrar.

21. DATE OF DEATH
    (Month) (Day) (Year)
    June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Feb. 12, 1936, to...1936.
    The principal cause of death and related causes of importance
    were as follows:
    gastro-intestinal indigestion.

    Date of onset
    [Redacted]

    Other Contributory Causes of importance:

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

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

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

    If so, specify...
    (Signed) George C. Rischmuller, M.D.
    Address: Marion, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

| Example I |
| Example II |
| The principal cause of death and related causes of importance were as follows: | The principal cause of death and related causes of importance were as follows: |
| Date of onset | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1921 | Peritonitis | 3 days ago |
| Gallstones | May 1, 1923 | Other contributory causes of importance: | Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Charles
   Village or City: Cambridge
   Length of residence in city or town where death occurred:

2. FULL NAME
   (a) Residence: No.
   Personal and Statistical Particulars

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

5a. If married, widowed, or divorced
      HUSBAND OF (or) WIFE OF
      mansell E. Marshall

6. DATE OF BIRTH (month, day, and year)
   Dec 8, 1881

7. AGE
   Years: 54  Months: 9  Days: 21

8. OCCUPATION
   Labor

9. Industry or business in which work was done
   US Navy Yarn Factory

10. Date deceased last worked at this occupation (month and year)
    June 18, 1936

11. Total time (years) spent in this occupation
    21

12. BIRTHPLACE (city or town)
    White Plains

13. NAME
    Henry Marshall

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

15. MAIDEN NAME
    Louisa Clark

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

17. INFORMANT
    Wife (dweller at home)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Vermont, Md.
    Date: June 30, 1936

19. Undertaker
    Benjamin E. Esten

20. FILED
    6-30, 1936

21. Date of Death
    January 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    1991 to 1991

23. If death was due to external causes (VIOLENCE) fill in also the following:
   "Accident, suicide, or homicide?"
   Date of Injury: Jan 27, 1936
   "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?
   No

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Died of Q [illegible] by this brother John Elwood Marshall.

[illegible] 19th [illegible] at 11:30 A.M. Decayed was.

[illegible] upon my arrival at [illegible] on same date.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Charles
   Village or City: Falls Church
   Length of residence in city or town where death occurred: 15 yrs. 7 mos. 10 ds.

2. FULL NAME
   (a) Residence: No. 8 Falls Church St., Ward.
   If nonresident give city or town and State

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

5a. If married, widowed, or divorced, HUSBAND of
   John Matthews

6. DATE OF BIRTH (month, day, and year)
   April 1, 1861

7. AGE
   Years: 75
   Months: 2
   Days: 10

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 end year)

11. Total time (years) spent in this occupation

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

13. NAME
   Frederick A. Holm

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

15. MAIDEN NAME
   Emma E. Harris

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

17. INFORMANT
   Harry Matthews

18. BURIAL, CREMATION, OR REMOVAL
   Location: Mt. Royal Cemetery, Charles Co.

19. UNDERTAKER
   Hon. 3d, A. B. responsive

20. FILED
   June 19, 1936

21. DATE OF DEATH
   Month: June
   Day: 18
   Year: 1936

22. I HEREBY CERTIFY that I attended deceased from June 17, 1936, to June 18, 1936, and to have occurred on the date stated above, at 12:20 P.M.

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.
   Nature of injury.
   Manner of injury.

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

REGISTRATION DISTRICT No. 1

MEDICAL CERTIFICATE OF DEATH

Other Contributory Causes of importance:

Name of operation...

What test confirmed diagnosis? Date of...

Was there an autopsy? Yes.

Date of onset...

Coronary Occlusion...

Pruritus Inflammation...

Phrenic Occlusion...

1934.

Address of...

Signature of...

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.

To be complete, an occupation return must state:

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Jul 7, 1938</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
</tr>
</tbody>
</table>

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

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

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

1. **PLACE OF DEATH**
   - County: Charles
   - Village or City: Cassel
   - Registration Dist. No.: 104
   - Ward: 1

2. **FULL NAME**
   - Name: Agnes Millard

3. **SEX**
   - Sex: Female

4. **COLOR OR RACE**
   - Color or Race: White

5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)**
   - Married

6. **DATE OF BIRTH**
   - Month: Unknown
   - Day: Unknown
   - Year: 1872

7. **AGE**
   - Years: 64
   - Months: Unknown
   - Days: Unknown

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

9. **DATE deceased last worked at this occupation (month and year)**
   - If less than 1 day, hrs. or min.

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

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

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

13. **NAME**
    - Father: Tom Butler

14. **MAIDEN NAME**
    - Mother: Susan Butler

15. **MAIDEN NAME**
    - Mother's maiden name: Susan Butler

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

17. **INFORMANT (Address)**
    - Informant: Paul Millard

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Holy Cross Cem. t. 6-21-36

19. **UNDERTAKER (Address)**
    - Undertaker: Charles H. Alton

20. **FILED**
    - Date: 6-23-36

**MEDICAL CERTIFICATE OF DEATH**

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

22. **I HEREBY CERTIFY, That I attended deceased on...**
    - Last saw deceased alive on... 6-22-36
    - Death is said to have occurred on the date stated above, at... 12-22-36
    - The principal cause of death and related causes of importance were as follows:

23. **Other Contributory Causes of importance:**
    - Date of cert.: 6-27-36

24. **Was disease or injury in any way related to occupation of deceased?**
    - If so, specify
    - Signed: W. R. Ogilby M. D.

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

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

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

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

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

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

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

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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, 1923 |
| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 1021

PLACE OF DEATH
County: Charles

Village or City: Dorchester (No. ___)

Full Name: John William Shannon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

DATE OF BIRTH: June 13, 1873

AGE: 62 yrs. 11 mos. 19 ds.

OCCUPATION: Merchant

BIRTHPLACE: Charles Co., Md.

NAME OF FATHER: John T. Shannon

BIRTHPLACE OF FATHER: Charles Co., Md.

MAIDEN NAME OF MOTHER: Athey C. Maddox

BIRTHPLACE OF MOTHER: Charles Co., Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant: W. Emory Shannon
(Address): Dorchester, Md.

DATE OF DEATH: June 1, 1936

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended the deceased from March 1936 to June 1936, that I last saw him alive on May 31, 1936, and that death occurred on the date stated above, at 3:39 p.m.

The CAUSE OF DEATH was as follows:
Hepatic Carcinoma

CONTRIBUTORY CAUSE

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

At place of death: yrs. mos. ds.

Where was disease contracted, if not at place of death:

Former or usual residence:

PLACE OF BURIAL OR REMOVAL

Dorchester, Md.

DATE OF BURIAL: June 3, 1936

UNDERTAKER: H. A. Penn.
(Address): Ta Platea, Md.

If more blanks are needed, address State Registrar, 15 W. Saratoga St., Balt., Requesting V. S. No. 1.
Statement of Occupation—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient; e.g., "Farmer or Planter," "Engineer, Stationary," etc. But in many cases, especially in industrial employments, it is necessary to know the kind of work and the nature of the business provided for the latter statement; therefore an additional line is to be provided for the latter statement. The material worked on may form part of the occupation of persons employed in domestic service for wages as "Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the nurse's previous DEATH or other illness, it is necessary to report specifically the occupations of persons engaged in domestic service at the beginning of the illness. If retired from business, the fact may be indicated thus: "Retired from business, household only (not Housekeeper in the duties of the household only, not Housekeeper in the duties of the household)."

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)


The material worked on may form part of the occupation of persons engaged in domestic service for wages as "Servant, Cook, Housemaid, etc.

If this certificate is lost, it will prevent further benefit. In all questions, when a definite disease is ascertained as the cause, it should be entered under the head of "Contributory Cause."
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Charles
   Village or City: Bel Alton Md
   Registration Dist. No.: 100

2. FULL NAME
   (a) Residence: No.
   (b) Name: John Newman Smoot
   If U. S. Veteran, specify WAR: 

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Col

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

6. DATE OF BIRTH (month, day, and year)
   Aug 28, 1884

7. AGE
   Years: 51
   Months: 9
   Days: 1
   If LESS than 1 day, hrs. or: 

8. Trade, profession, or occupation
   Farmer

9. Industry or business in which work was done
   Farmer

10. Data 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): Charles Md

13. NAME
   Male: Philip Smoot

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

15. MAIDEN NAME
   Female: Catherine Olina Buckel

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

17. INFORMANT
   Name: Susie Hyler Smoot
   Address: La Plata Md

18. BURIAL, CREMATION, OR REMOVAL
   Place: St. Thomas Cemetery
   Date: Jan 7, 1936

19. UNDERTAKER
   Name: F. W. Bishop
   Address: La Plata Md

20. FILED
   Date: June 6, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) June 3
   (Day) 1
   (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
    March 4, 1936, to March 26, 1936
    I last saw him alive on March 26, 1936
    death is said to have occurred on the date stated above, at
    The Principal Cause of Death was:

    Pulmonary

    Other Contributory Causes of importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?:
    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): James P. Nolan
    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.
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In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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

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

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</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong>: Jul. 7, 1936</td>
<td><strong>Date of onset</strong>: 1 week ago</td>
</tr>
<tr>
<td><strong>Date of onset</strong>: Jul. 5, 1927</td>
<td><strong>Date of onset</strong>: 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: Charles
Village or City: Hughenden
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
Adrian Woodland
(a) Residence: No. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX [male] 4. COLOR OR RACE [white]
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5a. If married, widowed, or divorced HUSBAND OF (or) WIFE OF
6. DATE OF BIRTH (month, day, and year) Feb. 13, 1914
7. AGE 11 Years 6 Months 20 Days If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) 
11. Total time (years) spent in this occupation 

OCCUPATION

12. BIRTHPLACE (city or town) Charles County
(State or country)
13. NAME [Adrian Woodland]
14. BIRTHPLACE (city or town) Maryland
(State or country)
15. MAIDEN NAME [Oliva Johnson]
16. BIRTHPLACE (city or town) Maryland
(State or country)
17. INFORMANT [Mother]
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place: [Baltimore]
Date: [Feb. 14, 1936]

19. UNDERTAKER [Kelner, F. B.]
(Address)
20. FILED: [Feb. 16, 1936]
Registrar: [R. H. C.]

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

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</tr>
<tr>
<td>[BUREAU V. S.]</td>
<td>[July 5, 1927]</td>
</tr>
</tbody>
</table>

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH

County: ________
Village or City: ________
No.: ________ St. ________ Ward ________.
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth yrs. mos. ds.

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE ________

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

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

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

7. AGE Years: ________ Months: ________ Days: ________ If LESS than 1 day: ________ hrs. ________ min.

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

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

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

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

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

13. NAME ________

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

15. MAIDEN NAME ________

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

17. INFORMANT (Address) ________

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

19. UNDERTAKER (Address) ________

20. FILED ________

M. D. ________

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><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>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN