STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Allegany County
Village or City: Frostburg, Md.

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

2. FULL NAME: Maria L. Abel

(a) Residence: No. 30 First St.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Black

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

6. DATE OF BIRTH (month, day, and year): May 16, 1844

7. AGE: 92 yrs. 2 Mos. 3 Days

8. Occupation: At Home

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

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

12. BIRTHPLACE (city or town): Barton, Md.

13. NAME: Not Known (Rose)

14. BIRTHPLACE (city or town): Not Known

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town): Not Known

17. INFORMANT: Clarence Abel

18. BURIAL, CREMATION, OR REMOVAL:

Place: Allegany Cemetery
Date: July 31, 1936

19. UNDERTAKER: Jacob Hager

20. FILED: 7-30, 1936

Medical Certificate of Death

21. DATE OF DEATH: 7-27-1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936, to July 27, 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:

Date of onset: 

Other Contributory Causes of importance:

Name of operation: 

What test confirmed diagnosis?: 

Was there an autopsy?: 

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

Manner of Injury: 

Nature of Injury: 

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

If so, specify: 

(Signed): 

Registrar: 

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

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

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

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

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

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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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</tr>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<td>1 week ago</td>
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<tr>
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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: | | Other contributory causes of importance: | |}

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

**Example II**

<table>
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<tr>
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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

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

2. **FULL NAME**
   - (a) Residence: No. 11 Eastland St., 4 Ward.

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - June 17, 1903

7. **AGE**
   - Years: 53
   - Months: 1
   - Days: 16

8. **OCCUPATION**
   - Housewife

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - 1936

10. **DATE OF DEATH**
    - July 28, 1936

11. **CAUSE OF DEATH**
    - Cancer of the Liver

21. **MEDICAL CERTIFICATE OF DEATH**
    - Date of onset: 1936

22. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - Name of operation: None
    - Date of: None
    - What test confirmed diagnosis?: None
    - Was there an autopsy?: None

23. **OR IF DEATH DUE TO VIOLENCE**
    - Date of injury: 1936
    - Where did injury occur?: Home
    - Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE: Home
    - Manner of injury: Natural
    - Nature of injury: Natural

24. **RELATED TO OCCUPATION OF DECEASED**
    - If so, specify: None
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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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
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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:

| 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 Southburg
   No. 5 Beall
   Length of residence in city or town where death occurred 458 mos. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME August Arnold
   (a) Residence: No. 5 Beall
   If U.S. Veteran, specify WAR
   Residence (Unusual place of abode)
   St., Ward.

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

6. DATE OF BIRTH (month, day, year) Aug 22, 1857
   7. AGE Years 78
      Months 10
      Days 27

8. Trade, profession, or peculiar kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Retired Track Foreman

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

10. Date deceased last worked at this occupation (month end year) 1930
11. Total time (years) spent in this occupation 47

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

13. NAME Adam Arnold

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

15. MAIDEN NAME Bubnow

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

17. INFORMANT Daniel Arnold
    (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Allegany Cem. Date July 21, 1936

19. UNDERTAKER Address
    Interior Tugger

20. FILED Address
    July 21, 1936
    Registrar.

21. DATE OF DEATH (Month) July 19 (Day) 1936 (Year) 1936
   I HEREBY CERTIFY, That I attended deceased from May 28, 1936, to July 19, 1936. I last saw deceased alive on July 18, 1936. I certify that death did occur 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:

   Name of operation:
   Date of:
   What test confirmed diagnosis:
   Where injury occurred:
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE:

   Nature of injury:
   Nature of injury:

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

   Date of:
   Address:
   M.D.

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

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

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<th>Other Contributory Causes of Importance</th>
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<td>Arteriosclerosis</td>
<td>1915</td>
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<td>Chronic interstitial nephritis</td>
<td>Aug 1, 1926</td>
<td></td>
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Example II

<table>
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Other contributory causes of importance:

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</table>
| Gallstones| May 1, 1923   | Gastroenteritis                         | 1 year
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
   (a) Residence: No. 330 2nd Ave. St. 6 - 1 Ward.

   If U.S. Veteran, specify WAR ________

   If nonresident give city or town and State ________

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   Oct. 31, 1900

7. AGE
   Years __ Months __ Days __
   If LESS THAN 1 year, hours __ or __ minutes __

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

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

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) Pennsylvania

13. NAME
   John H. Bear

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

15. MAIDEN NAME
   Anna Jordach

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

17. INFORMANT (Name and Address)
   Bessie Bear

18. BURIAL, CREMATION, OR REMOVAL
   Place: _____
   Date: July 14, 1936

19. UNDERATER (Name and Address)
   Lewis Stinchcomb MD

20. FILED: July 14, 1936

REGISTRAR

21. DATE OF DEATH
   July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1936, to July 11, 1936; death is said to have occurred on the date stated above, at ___ o'clock.

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

23. Other Contributory Causes of importance:
   Heat Exhema

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

Regis. M. D._____

If more blanks are needed, address State Registrar, 3411 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 | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1928 |

Example II

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

| 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
- Length of residence in city or town where death occurred: 40 yrs. mos. ds.

## 2. FULL NAME
- James Milton Baker
- Residence: 317 Maryland Ave, Cumberland, MD
- Occupation: Carpenter

## PERSONAL AND STATISTICAL PARTICULARS
- Sex: Male
- Color or Race: White
- Married, Widowed, or Divorced: Married

## 3. MEDICAL CERTIFICATE OF DEATH
- Date of Death: 7-15-1936
- Cause of Death:
  - Pneumonia
  - Date of onset: 7-15-1936

## 4. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
- Name of operation: None
- Date of operation: None
- Was there an autopsy: Yes

## 5. NATURE OF INJURY
- Manner of injury: None
- Nature of injury: None

## 6. URBAN ADDRESS
- Address: 317 Maryland Ave, Cumberland, MD

## 7. UNDERTAKER
- Address: C. H. Long & Son

## 8. BURIAL, CREMATION, OR REMOVAL
- Place of Burial: Elgin Memorial Park
- Date of Burial: 7-18-1936

## 9. FILED
- Date: July 17, 1936
- Registrar: D. O. Franko
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland, MD, Memorial Hospital
   (Within Corporate Limits)
   Registration Dist. No.: 4
   No. 6-1 Ward
   Length of residence in city or town where death occurred: yrs. mos. 10 ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Eli Beeman
   Residence: No. Longoning
   Maryland, (usual place of abode)
   St., Ward.
   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. S. Single, Married, Widowed, or Divorced
   (Write the word): Single
   If married, widowed, or divorced:
   Husband of:
   Wife of:

6. DATE OF BIRTH (Month, day, year):
   Dec. 23, 1903

7. AGE:
   Years: 6
   Months: 17
   If less than 1 day, Hrs. or min.

8. OCCUPATION:
   Textile Worker

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

10. Date deceased last worked at this occupation:
    1936

11. Total time spent in this occupation:
    Year: 1936

12. BIRTHPLACE (City or town): Maryland
    State or Country:

13. NAME: Jesse Beeman
14. Birthplace (City or town): Maryland
    State or Country:

15. MAIDEN NAME: Catherine Pendlebury
16. Birthplace (City or town): Maryland
    State or Country:

17. INFORMANT: Memorial Hospital
    Cumberland, MD.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cumberland, Date: July 12, 1936

19. UNDERTAKER:

20. FILED:

21. DATE OF DEATH:
    July 10, 1936

22. I HEREBY CERTIFY:
    That I attended deceased from
    July 9, 1936, to July 10, 1936;
    Death occurred July 10, 1936.
    The principal cause of death was:
    Renal Calculus

23. Other Contributory Causes of Importance:
    Name of operation:
    Date of Operation: 7-9-36
    Diagnosis:
    Was there an autopsy:

24. Manner of injury:
    Nature of injury:

25. Disease or injury in any way related to occupation or deceased:
    If so, specify:

26. Dr. Tolson
   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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<td>AUG 6 1936</td>
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<table>
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<th>Gallstones</th>
<th>May 1, 1923</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</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: CUMBERLAND, MD. WITHIN CORPORATE LIMITS
   Registration Dist. No. 4
   Ward No. 61

   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: DEVON SPENCER BOOR
   (a) Residence: No. ARTEMAS, PA.
   (b) Unusual place of abode: St., Ward.

   If U.S. Veteran, specify WAR: 1

   PERSONAL AND STATISTICAL PARTICULARS

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

   5a. If married, widowed, or divorced: (Write the word)

   6. DATE OF BIRTH (month, day, and year): SEPT. 26, 1932

   7. AGE Years Months Days
      4 9 15

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

   9. Industry or business in which work was done: (Specify city or town, county and State)

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

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

   12. BIRTHPLACE (city or town): PENNA. - ARTEMAS

   13. NAME: SPENCER REED BOOR

   14. BIRTHPLACE (city or town): PENNA. - ARTEMAS

   15. MAIDEN NAME: SYLVIA JAY

   16. BIRTHPLACE (city or town): PENNA. - ARTEMAS

   17. INFORMANT: MEMORIAL HOSPITAL
      CUMBERLAND, MD.

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Fairview Cemetery, Artesas
      Date: July 14, 1936

   19. UNDERTAKER: Jacob Daker
      Address: Cumberland, MD.

   20. FILED: July 12, 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**

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</tr>
<tr>
<td>Chronic interstitial nephritis 1921</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage July 5, 1927</td>
<td>Peritonitis 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones May 1, 1928</td>
<td>Gastroenteritis 1 year</td>
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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

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

2. **FULL NAME**
   - Gorgias R. Boyer
   - Residence: No. 645 E. Center St., 2 Ward

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - July 4, 1908

7. **AGE**
   - Years: 38
   - Months: 6
   - Days: 0

8. **OCCUPATION**
   - Housewife

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - July 4, 1936

10. **DATE OF DEATH**
    - July 20, 1936

11. **CAUSE OF DEATH**
    - Acromial

12. **Birthplace**
    - (State or country)

13. **NAME**
    - Benjamin Boyer

14. **Father**
    - (State or country)

15. **Maiden Name**
    - Lemuel Boyer

16. **Birthplace**
    - (State or country)

17. **INFORMANT**
    - Anna H. Boyer

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Rose Hill
    - Date: July 23, 1936

19. **UNDERTAKER**
    - (Address)

20. **FILED**
    - July 23, 1936

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. Nat. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
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</tbody>
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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: Westover, MD

2. **FULL NAME**
   - John E. Bradley, Jr.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: M
   - **COLOR OR RACE**: (If applicable)
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Single
   - **DATE**: July 15, 1934

4. **DATE OF DEATH**
   - **MONTH**: July
   - **DAY**: 15
   - **YEAR**: 1934

5. **DATE OF BIRTH**
   - **MONTH**: 7
   - **DAY**: 15
   - **YEAR**: 1906

6. **AGE**
   - **YEARS**: 28
   - **MONTHS**: 0
   - **DAYS**: 0

7. **OCCUPATION**
   - (If applicable)

8. **BIRTHPLACE**
   - City or town: Westover
   - State or country: MD

9. **MOTHER'S NAME**
   - Margaret M. Bradley

10. **MOTHER'S OCCUPATION**
    - (If applicable)

11. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Westover
    - Date: July 15, 1934

12. **UNDEUTER**
    - (If applicable)

13. **FILED**
    - July 16, 1934

14. **REGISTRAR**
    - M. D.

---

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<td><strong>Date of onset</strong></td>
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</tr>
<tr>
<td><strong>AUG 5 1936</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>BUREAU V. S.</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td>3 days ago</td>
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<tr>
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</tr>
<tr>
<td><strong>May 1, 1923</strong></td>
<td>1 year</td>
</tr>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Komaring
   Registration Dist. No.: 8
   No. St. 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: Lincoln Bradley
   (a) Residence: No. Komaring, Taylor Ave.
   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: Married

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

   Margaret M. Kerrie Bradley

6. DATE OF BIRTH (month, day, and year): March 23, 1866

7. AGE
   Years: 70
   Months: 3
   Days: 2
   If less than one day, hours, or minutes:

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Dealer
   Industry or business in which work was done: Coal Mines
   Employer or name of employer: Coal Mines

9. Date deceased last worked at this occupation (month and year): Sept. 1924

10. Total time (years) spent in this occupation: 44 yrs.

11. BIRTHPLACE (city or town)
   (State or country): Pennsylvania

12. NAME: George Bradley

13. MAIDEN NAME: Mary Emma Lewis

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

15. MOTHER FATHER

16. INFORMANT
   Address:

17. BURIAL, CREMATION, OR REMOVAL
   Place: Oak Hill Cemetery
   Date: July 18, 1928

18. UNDERTAKER
   Address:

19. FILED
   July 17, 1936

20. REGISTRATION NUMBER 6908
   Registrar:

21. DATE OF DEATH
   (Month) 7
   (Day) 15
   (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
   last saw him alive on Dec. 26, 1935, and death is said to have occurred on the date stated above, at 6:00 A.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Acute Pneumonia
   Other Contributory Causes of Importance:
   Bronchial Asthma
   15 yrs.

   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. 2.
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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: Frostburg
   - Registration Dist. No.: 9
   - Place of abode: Frostburg, Miners St.
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Louisiana Brennan
   - Residence No.: Brennan, Miners St.

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - M

4. **COLOR OR RACE**
   - W

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

5a. **HUSBAND OF (or) WIFE OF**
   - Glennie M. Stidmore

6. **DATE OF BIRTH**
   - June 1, 1898

7. **AGE**
   - Years: 38
   - Months: 6
   - Days: 14

8. **OCCUPATION**
   - Auto Mechanic

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - June 1, 1936

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

11. **BIRTHPLACE (city or town)**
    - Brentsville, Md.

12. **NAME**
    - Louis Brennan

13. **MOTHER FATHER**
    - Grace Brennan
    - Miners St.

14. **BIRTHPLACE (city or town)**
    - Pittsburg, Md.

15. **MAIDEN NAME**
    - Ada Swager

16. **NAME OF DEATH**
    - Brennan, Miners St.

17. **INFORMANT**
    - John Brennan
    - Miners St.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Buried at St. Mary's Cemetery, Frostburg, July 8, 1936

19. **UNDERTAKER**
    - John Brennan
    - Miners St.

20. **FILED**
    - 7-6-1936

21. **DATE OF DEATH**
    - July 5, 1936

22. **DATE OF ONSET**
    - June 1, 1936

23. **DATE OF INJURY**
    - July 5, 1936

24. **MANNER OF INJURY**
    - Accident, Suicide, or Homicide?

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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 groove 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>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><em>Date of onset: 1915</em></td>
<td><em>1 week ago</em></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><em>Date of onset: 1935</em></td>
<td><em>1 week ago</em></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><em>Date of onset: July 5, 1927</em></td>
<td><em>3 days ago</em></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th><strong>Gallstones</strong></th>
<th><strong>Gastroenteritis</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Date of onset: May 1, 1923</em></td>
<td><em>1 year</em></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
   Female: Bertha Belle Brill
   If U.S. Veteran, specify WAR:

3. PERSONAL AND STATISTICAL PARTICULARS
   Color or Race: White
   Single, Married, Widowed, or Divorced: Married

4. OCCUPATION
   Trade, profession, or occupation: Housewife

5. DATE OF DEATH
   July 17, 1936

6. DATE OF BIRTH
   Sept 7, 1903

7. AGE
   Years: 32
   Months: 10
   Days: 10

8. PLACE DECEASED LAST WORKED AT
   Occupation: Housewife

9. TOTAL TIME SPENT IN THIS OCCUPATION
   (years and months)

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

11. NAME OF FATHER
    Henry Brown

12. MAIDEN NAME
    Perdue

13. NAME OF MOTHER
    Perdue

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

15. INFORMANT
    Emma Brill

16. BURIAL, CREMATION, OR REMOVAL
    Place: Cumberland
    Date: July 20, 1936

17. UNDERTAKER
    Lewis Stearns

18. FILED
    July 20, 1936

19. REGISTRAR
    M.D.

20. ADDRESS
    Emma Brill

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Aug 6, 1936</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>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</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... WITHIN CORPORATE LIMITS. Registration Dist. No. 4
   Village or City... Cumberland... No. 964 Glenwood... St., 6-1... 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. 964 Glenwood. St., 6-1... Ward. If U. S. Veteran, specify WAR...
   (Usual place of abode)
   Stillborn Brown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   F

4. COLOUR OR RACE
   W

5. 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)
   July 4, 1936

7. AGE
   Years
   Stillborn

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. OCCUPATION
    Date deceased last worked at this occupation (month and year)
    
    Date deceased spent in this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Cumberland

13. NAME
    Benjamin Brown

14. BIRTHPLACE (city or town)
    Cumberland

15. MAIDEN NAME
    Helen H. Brown

16. BIRTHPLACE (city or town)
    Cumberland

17. INFORMANT
   Benjamin Brown

18. BURIAL, CREMATION, OR REMOVAL
   Placement... Back yard, 964 Glenwood... Date... July 4, 1936

19. UNDERTAKER
   (Address)
   (Address)

20. FILED
   July 4, 1936... Registrar... M. D.

21. DATE OF DEATH
   (Month) July 4... (Day) 1936... (Year)

22. I HEREBY CERTIFY that I attended deceased from... July 4, 1936...

23. OTHER CONTRIBUTARY CAUSES OF DEATH and related causes of importance were as follows:

   Prematurity (to be filled in by physician)
   7-4-36

24. NAME OF OPERATION
   Date of...

25. CLINICAL DIAGNOSIS
   Date of...

26. WAS THERE AN AUTOPSY?
   No

27. 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 IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE...
   MANNER OF INJURY...
   NATURE OF INJURY...

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

29. SIGNED
   (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.

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

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

1. PLACE OF DEATH
County Allegany
Village or City Cumberland

2. FULL NAME
R. Bromberg

3. SEX
Male

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Married

6. DATE OF DEATH
July 4th, 1936

7. AGE
About 45

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

9. OCCUPATION
Unknown

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
Unknown

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
Unknown

12. BIRTHPLACE (CITY OR TOWN)
Unknown

13. NAME
Unknown

14. BIRTHPLACE (STATE OR COUNTRY)
Unknown

15. MAIDEN NAME
Unknown

16. BIRTHPLACE (STATE OR COUNTRY)
Unknown

17. INFORMANT
Police Dept.

18. BURIAL, CREMATION, OR REMOVAL
Allegany Co.

19. UNDERTAKER
Henry H. Frier

20. FILED
July 30, 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

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</thead>
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<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Bureau V. S.</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>Gallstones</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... Registration Dist. No. 4
   Village or City... Sunburn... No. Allegany... Hosp. 1, 4... 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... Charles Will Bryant
   If U. S. Veteran, specify WAR
   (a) Residence: No. Hydman... Pa... (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)... Married
   (If married, widowed, or divorced
   HUSBAND... or WIFE...)

6. DATE OF BIRTH (month, day, and year)... Feb 28 - 1902

7. AGE... Years... Months... Days
   If LESS THAN
   1 year, write... hrs... or... min.

8. 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...
   Occupation... Motor Mechanic
   Local Affairs...

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

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

13. NAME... Simon K Bryant

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

15. MAIDEN NAME... Mary E Heworthy

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

17. INFORMANT... Simon K Bryant... (Address)... Hydman... Pa

18. BURIAL, CREMATION, OR REMOVAL
   Place... Hydman... Pa... Date... July 6, 1936

19. UNDERTAKER... Simon Steiner... (Address)... Hydman... Pa

20. FILED... July 6, 1936... Dr. J. P. Franklin

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH... July 3... 1936...

22. I HEREBY CERTIFY... That I attended deceased from
   6-23-1936 to 7-3-1936
   I last saw him alive on 7-26-1936
   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:

   Signature... (in ink)... Date of onset...

Other Contributory Causes of Importance:

Name of operation...

What test confirmed diagnosis...

Was there an autopsy...

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

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

(These are printed letters only: when you write your answers, be sure to write them in ink. No corrections or additions are allowed in this form.)
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>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

### Example II

<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>
<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: Baltimore
   Length of residence in city or town where death occurred: 40 yrs. 0 mos. 0 ds.

2. FULL NAME: Ashburn Lee Caudwallader
   (a) Residence: No. 505, 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): Oct. 31, 1875

7. AGE: 60 Years 8 Months 24 Days

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

9. OCCUPATION: Manual Laborer

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: June, 1936

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 36 yrs.

12. BIRTHPLACE (CITY OR TOWN): Alexandria, Virginia

13. NAME: John Caudwallader

14. BIRTHPLACE (STATE OR COUNTRY): Virginia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (STATE OR COUNTRY): Unknown

17. INFORMANT: Elizabeth Caudwallader

18. BURIAL, CREMATION, OR REMOVAL: Old Burial Ground, Date: July 24, 1936

19. UNDERTAKER: W. O. Dickinson

20. FILED: July 27, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: July 24th, 1936

I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1935, to July 24th, 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:

- Carcinoma of Liver

Date of onset: 1/1/35

Other Contributory Causes of importance:

Name of operation:

What test confirmed diagnosis? Was there an autopsy?

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

- Accident, suicide, or homicide: Date of Injury:
- Where did injury occur? (Specify city or town, county and State)
- Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury:

Nature of injury:

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

If so, specify:

(Signature): M. O. Dickinson

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

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

**Example II**

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Date of onset</th>
<th>Other contributory causes of importance:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<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: Allegany
   Village or City: Eckhardtown, Md.
   Registration Dist. 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.
   (Use place of abode)
   If U.S. Veteran specify WAR.
   If nonresident give city or town and State

3. SEX
   Female

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   July 30, 1936

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

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 MILK, 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)
   Eckhardtown, Md.
   (State or country)

13. NAME
   James Manus Carter
   (Middle Initial) M. Carter
   (Last Name) Carter

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

15. MAIDEN NAME
   Hannah, E. Wright
   (Middle Initial) E.
   (Last Name) Wright

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

17. INFORMANT
   (Address)
   J. Carter
   (Father)
   Eckhardtown, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Eckhart, Md.
   Date: 7-31, 1936

19. UNDERTAKER
   (Address)
   J. W. Carter
   (Father)
   Eckhart, Md.

20. FILED
   7-31, 1936
   A. R. Walker, M. D.
   Registrar

21. DATE OF DEATH
   (Month) July
   (Day) 30
   (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
   July 30, 1936, to July 30, 1936
   I last saw her alive on July 30, 1936; death is said
   to have occurred on the date stated above, at 11:30 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:

   Premarriage:

   Date of onset: 1936

   Other Contributory Causes of importance:

   Multiple Pregnancy:

   Name of operation: 
   Date of:
   What test confirmed diagnosis? Clinical
   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?
   No
   If so, specify
   (Signed) Leo D. Stiles
   (Address) Frostburg, Maryland

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**

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

**Example II**

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

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</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: East End Mines
No. O. Carterburg Rd., St. Ward
Registration Dist. No.

2. FULL NAME

(a) Residence: No.
(b) Usual place of abode: Carterburg Rd., St. Ward

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (mark the word)

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

6. DATE OF BIRTH (month, day, and year)
July 30, 1936

7. AGE

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)
Carterburg, Md.

13. NAME
James Maurier Carter

14. BIRTHPLACE (city or town)
Carterburg, Md.

15. MAIDEN NAME
Hannah Ella Wright, Carterburg, Md.

16. BIRTHPLACE (city or town)

17. INFORMANT
J. M. Carter, Carterburg, Md.

18. BURIAL, CREMATION OR REMOVAL
Place: East End, Md.
Date: 7-31, 1936

19. UNDERTAKER
J. W. Carter, East End, Md.

20. FILED
7-31, 1936, AS W. Walker, Md.

REGISTRAR

21. DATE OF DEATH
July 30, 1936

22. I HEREBY CERTIFY That I attended deceased from July 30, 1936, to July 30, 1936.
I last saw him alive on July 30, 1936; death is said to have occurred on the date stated above, at 11:10 P.M.

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

Prematurity

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

25. If so, specify

(Signed)

Registrar

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

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>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>SEP 1, 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, 1925</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>

<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
   Length of residence in city or town where death occurred 16 yrs., 9 mos., 16 days

2. FULL NAME
   Patrick Sullivan Larmanagh
   U.S. Veteran, specify WAR
   Residence: No. 78 Winding Rd., 1 Ward.
   (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   White
   Married

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

6. DATE OF BIRTH (month, day, year)
   Feb 28, 1868

7. AGE
   Years 68
   Months 4
   Days 8
   IF LESS THAN 1 day, hrs., or . min.

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

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)
   Ireland
   (State or country)

13. NAME
   Hall Larmanagh

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

15. MAIDEN NAME
   Prana

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

17. INFORMANT
   Geo. P. W. Larmanagh
   Cumberland

18. BURIAL, CREMATION, OR REMOVAL
   Place of Interment
   Date 7/8, 1936

19. UNDERTAKER
   Isaac Stein

20. FILED
   July 6, 1936
   Dr. J. P. Frank,
   Registrar

21. DATE OF DEATH
   July 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to July 6, 1936, last saw him alive on July 5, 1936, death is said to have occurred on the date stated above, viz.

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

Carcinoma of

Stomach

Other Contributory Causes of Importance:

Carcinoma of

Liver

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

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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 | AUG 6 1930 |
| 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. WITHIN CORPORATE LIMITS
   - Registration Dist. No.: 4
   - Memorial Hosp.: 6-1 Ward
   - (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. **FULL NAME**
   - RUTH CLARK
   - (a) Residence: No.
   - (b) Place of abode: BARTON, MD.
   - If U. S. Veteran, specify WAR

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: FEMALE
   - COLOR OR RACE: WHITE
   - SINGLE, MARRIED, WIDOWED, OR DIVORCED: SINGLE
   - If married, widowed, or divorced, give the name of
     - HUSBAND: 
     - WIFE: 

4. **DATE OF DEATH**
   - JULY 6, 1936
   - (Month) 7, (Day) 6, (Year) 1936

5. **DATE OF BIRTH**
   - June 29, 1936
   - (Month) 6, (Day) 29, (Year) 1936

6. **AGE**
   - 4 days

7. **OCCUPATION**
   - Trade, profession, or particular kind of work done: 

8. **BIRTHPLACE**
   - MARYLAND
   - (State or country)

9. **NAME**
   - FLOYD CLARK
   - (State or country)

10. **MOTHER'S NAME**
    - HELEN LOUISE JAMES
    - (State or country)

11. **INFORMANT**
    - MEMORIAL HOSPITAL
    - CUMBERLAND, MD.

12. **BURIAL, CREMATION, OR REMOVAL**
    - Place: CUMBERLAND, MD.
    - Date: July 6, 1936

13. **UNDERTAKER**
    - O. S. BOW
    - CUMBERLAND, MD.

14. **FILED**
    - July 6, 1936

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

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

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**Example I**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
<th>Other contributory 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></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Aug 6, 1936</td>
<td>Gallstones</td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Disease</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>
<tr>
<td>Gastroenteritis</td>
<td>1 year</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: Utica
   No. B. St. O. Apt.
   Registration Dist. No. 14
   Length of residence in city or town where death occurred: 9 yrs. mos. ds.
   Ward: 28

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

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: White
   SINGLED, MARRIED, WIDOWED, OR DIVORCED (企业提供完整信息)
   6a. If married, widowed, or divorced: HUSBAND of
   or WIFE of
   6b. Date deceased last worked at this occupation (month and year):

4. DATE OF DEATH
   Month: July
   Day: 11
   Year: 1936

5. MEDICAL CERTIFICATE OF DEATH
   I HEREBY CERTIFY: That I attended deceased from
   19__, 19__, 19__.
   The principal cause of death and related causes of importance were as follows:
   Unnatural Death
   Both legs burned
   Body mangled
   Other Contributory Cause of importance:

6. OTHER INFORMATION
   Name of operation:
   Date of:
   What test confirmed diagnosis?
   Was there an autopsy?
   Date of injury:
   Where did injury occur?
   (Specify city, town, and county)
   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 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

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 |
| Example II |

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

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

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</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, Md. No. Memorial Hospital St. No. 6-1 

(WHAT IS THE LOCATION OF THE DEATH?)

WITHIN CORPORATE LIMITS. Registration Dist. No. 41

(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. or of foreign birth? yrs. mos. ds.

2. FULL NAME. Grover J. Cooke

If U. S. Veteran, specify WAR. Nonresident give city or town and State

(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)

Married

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

Little E. Cooke

6. DATE OF BIRTH (month, day, and year) About 1887

7. AGE

Years Months Days If LESS than 1 day, ___ hrs. or ___ min.

About 49

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

Carpenter

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

9b. Date deceased last worked at this occupation (month and year)

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

21. DATE OF DEATH

July 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936, to July 7, 1936, to have occurred on the date stated above.

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: 1936

Manner of injury

Nature of injury

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

If so, specify

25. Name of operation

26. What last confirmed diagnosis

Other Contributory Causes of Importance:

27. Name of operation

28. What last confirmed diagnosis

29. Place of Death

Albino, W. Va.

30. Date of Death

July 7, 1936

31. Name of Undertaker

32. Address

33. Signatures

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

To be complete, an occupation return must state:
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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, 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 morbidity 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><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>DIED</td>
<td>1 week ago</td>
</tr>
<tr>
<td>AUG 6 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><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>May 1, 1923</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.**: 44
- **Within Corporate Limits**: No
- **Hospital**: F.I.M. Memorial Hospital
- **Ward**: 6-1
- **Length of residence in city or town where death occurred**: 20 yrs.
- **How long in U.S. if of foreign birth**: 20 yrs.

#### 2. FULL NAME
- **Name**: Maudine Cooper
- **Residence**: No. 240 Talbott St., 5th Ward
- **If U.S. Veteran, specify WAR**: 

#### PERSONAL AND STATISTICAL PARTICULARS

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

<table>
<thead>
<tr>
<th>5a. If married, widowed, or divorced</th>
<th>5b. HUSBAND of (or) WIFE of</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Cooper</td>
<td></td>
</tr>
</tbody>
</table>

#### DATE OF DEATH
- **Month**: July
- **Day**: 27
- **Year**: 1936

#### MEDICAL CERTIFICATE OF DEATH

1. **I HEREBY CERTIFY**

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

3. **Date of onset**: 

4. **Other Contributory Causes of importance**:

5. **Date of injury**: 

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

#### BIRTHPLACE
- **City or town**: N. Va.
- **State or country**: 

#### NAME
- **Name**: Maudine Cooper
- **Father**: 

#### MAIDEN NAME
- **Name**: 

#### BIRTHPLACE
- **City or town**: N. Va.
- **State or country**: 

#### INFORMANT
- **Address**: 

#### BURIAL, CREMATION, OR REMOVAL
- **Place**: Harmony Church
- **Date**: July 29, 1936

#### UNDERTAKER
- **Address**: 

#### FILED
- **Date**: July 29, 1936

---

*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 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>Aug 8,1936</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5,1927</td>
</tr>
</tbody>
</table>

BUREAU V.S.

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

Date of onset: 1 week ago

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gastroenteritis</th>
</tr>
</thead>
</table>

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: CAMDEN WITHIN CORPORATE LIMITS
   Registration Dist. No.: 4
   No. ALLEGANY HOSP. 4th 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: BABY GIRL CRABTREE
   (a) Residence: No.
   (Usual place of abode)
   If U.S. Veteran, specify WAR
   St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word)
   SINGLE

6. DATE OF BIRTH (month, day, and year)
   7. AGE
      Years | Months | Days
      newborn | 8 hours

7. OCCUPATION
   TRADE, PROFESSION, OR PARTICULAR
   KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.

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

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

12. BIRTHPLACE (city or town)
    State or country
    CUMBERLAND, MD

13. NAME: KENNETH EUGENE CRABTREE
    MOTHER
    FATHER

14. BIRTHPLACE (city or town) (State or country)
    CUMBERLAND, MD

15. MAIDEN NAME: JOANNA LORETTA POTT

16. BIRTHPLACE (city or town) (State or country)
    CUMBERLAND, MD

17. INFORMANT
    (Address)
    MRS. KENNETH CRABTREE
    1920 WORSER ST.

18. BURIAL, CREMATION, OR REMOVAL
    PREMISES FROM WHICH REMOVED
    (Address)
    MORRIS ST.

19. UNERTAKER
    (Address)
    MORRIS ST.

20. FILED
    July 9, 1936
    J. A. FRANKLIN
    Registrars

21. DATE OF DEATH
    (Month) | (Day) | (Year)
    7 | 8 | 1936

22. I HEREBY CERTIFY that I attended deceased from
    July 8, 1936, to July 8, 1936
    I last saw him alive on July 8, 1936
    to have occurred on the date stated above, at 1:55 p.m.

23. PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Pneumonia, Septic Shock

24. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

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

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

Other contributory causes of importance:

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

Example II

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Gastroenteritis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
<td></td>
</tr>
</tbody>
</table>
**STATE OF MARYLAND**

**CERTIFICATE OF DEATH**

**Registration Dist. No. 1**

**County** Allegany

**Place of Death**

**Village or City** Cumberland (No. Allegany Hospital St. 4 Ward)

**FULL NAME** Margaret J. Cunningham

**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>Married</td>
</tr>
</tbody>
</table>

**DATE OF BIRTH** July 25, 1836

**AGE** 56 yrs. 0 mos. 18 da.

**OCCUPATION** Housewife

**DATE OF MARRIAGE** 7/25/1881

**AGE OF WIFE** 56 yrs. 0 mos. 18 da.

**PLACE OF MARRIAGE** Mt. Savage, Ind.

**MARRIED NAME** Elizabeth A. Loomis

**DATE OF DEATH** July 25, 1936

**CAUSE OF DEATH** Myocarditis

**CONTRIBUTORY CAUSE** Chronic Pulmonary

**LENGTH OF RESIDENCE** Mt. Savage, Ind.

**PLACE OF BURIAL OR REMOVAL** Mt. Savage, Ind.

**DATE OF BURIAL** July 28, 1936

**FILED** Registrar 1936

**ADDRESS** 532 Valley Dr., Cumberland

**Informant** William Cunningham

**Witness** J. P. Franklin

**Registrar**

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
CERTIFICATE OF DEATH

United States Standard

(Revised by U.S. Census and American Public Health Association)

(Proven)
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No. Allegany
   No. Allegany Hospital
   Length of residence in city or town where death occurred: 48 yrs.
   How long in U.S. or foreign birth? yrs.

2. FULL NAME
   John Wm. Deedee Peters
   Residence: No. 642 Columbia Ave. St. 3
   Ward.
   U.S. Veteran, specify WAR.
   If nonresident give city or town and State

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEX: Male</td>
</tr>
<tr>
<td>COLOR OR RACE: White</td>
</tr>
<tr>
<td>SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married</td>
</tr>
<tr>
<td>HUSBAND OF: Bertha Brown Peters</td>
</tr>
<tr>
<td>DATE OF BIRTH (month, day, year): Mar. 27, 1887</td>
</tr>
<tr>
<td>AGE: 49 yrs. 3 mos. 18 days</td>
</tr>
<tr>
<td>OCCUPATION: Loverboy Operator</td>
</tr>
<tr>
<td>BIRTHPLACE (city or town): Frederick</td>
</tr>
<tr>
<td>NAME: Bradley Peters</td>
</tr>
<tr>
<td>FATHER: J. D. Peters</td>
</tr>
<tr>
<td>MOTHER: Amelia Dawson</td>
</tr>
<tr>
<td>BIRTHPLACE (city or town): (State or country)</td>
</tr>
<tr>
<td>MAIDEN NAME: Amelia Dawe</td>
</tr>
<tr>
<td>INFORMANT: Arthur Michael</td>
</tr>
<tr>
<td>BURIAL, CREMATION, OR REMOVAL: St. Patrick’s Cemetery, Date: July 19, 1936</td>
</tr>
<tr>
<td>UNDERTAKER: Jacob Stoff</td>
</tr>
<tr>
<td>FILED: July 18, 1936</td>
</tr>
</tbody>
</table>

21. DATE OF DEATH
   July 15, 1936

22. I HEREBY CERTIFY that I attended deceased from April 16, 1936, to July 15, 1936.
   I last saw h. alive on July 15, 1936; death is said to have occurred on the date stated above.
   The PRINCIPAL CAUSE OF DEATH was as follows:

   Chronic Pneumonia
   Other Contributory Causes of importance:
   Acute Diathesis
   Heat Prostration

   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.

   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 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>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
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<td>ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN</td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME: Emma C. Drake
   (a) Residence: No. 4927 Town End
      (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
5a. If married, widowed, or divorced
   HUSBAND of: Marion Drake
   (or WIFE of)

6. DATE OF BIRTH (month, day, and year): 10/01/1866

7. AGE: 69 yrs. 7 mos. 17 days

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): None

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

12. BIRTHPLACE (city or town): P.a.
    (State or country): None

13. NAME: John B. Virginia
    FATHER: Virginia Halsey

14. BIRTHPLACE (city or town): PA.
    (State or country): None

15. MAIDEN NAME: Virginia Halsey

16. BIRTHPLACE (city or town): PA.
    (State or country): None

17. INFORMANT: Marion Drake
    (Address): None

18. BURIAL, CREMATION, OR REMOVAL: Central City, MD.
    Date: July 12, 1936

19. UNDERWRITERS: None
    (Address): None

20. FILED: July 16, 1936
    (Address): None

21. DATE OF DEATH: July 9, 1936

22. I HEREBY CERTIFY: That I attended deceased from
   Dec. 1935 to July 9, 1936.
   I last saw her alive on July 9, 1936; death is said
   to have occurred on the date stated above, at 1837 hrs.
   The principal cause of death and related causes of importance
   were as follows:
   Chronic Pericarditis
   Acute Pulmonary Emphysema
   Other Contributory Causes of Importance:

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

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

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 7.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
<td>BURELL VS.</td>
<td></td>
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<tr>
<td></td>
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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 Clear Spring
(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
Edgar and Hulda Duckworth
(a) Residence: No. 124 W. Main St., Ward.

3. PERSONAL AND STATISTICAL PARTICULARS

3a. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED Married

6. DATE OF BIRTH (month, day, and year) May 3, 1899

7. AGE Years 37 Months 4 Days 16

8. TRADE, profession, or particular kind of work done, as SPINNER, Sawyer, Bookkeeper, etc.
Labor

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

10. Date deceased last worked at this occupation (month and year) Dec. 31, 1934

11. Total time spent in this occupation 12 years

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

13. NAME

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

15. MAIDEN NAME Elizabeth Robinson

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

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL
Place Clear Spring Date July 22, 1935

19. UNDERTAKER

Registrar.

21. DATE OF DEATH
July 19, 1935

22. I HEREBY CERTIFY That I attended deceased from Oct. 12, 1935, to July 19, 1935. I last saw h.m. alive on July 12, 1935; death is said to have occurred on the date stated above, at 7:10 P.M.

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

24. Other Contributory Causes of Importance:

25. Date of onset 1935

26. Name of operation

27. 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:

30. Accident, suicide, or homicide?

31. Date of Injury 19

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

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

34. Manner of injury

35. Nature of injury

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

If so, specify

(Signed) Cleo O. Stiles M. D.
(Address) Frostburg, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>RECEIVED</strong> 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>AUG 1 1936</strong> July 5, 1927</td>
<td>1 week ago</td>
</tr>
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<td>Cerebral hemorrhage</td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td></td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: Cumberland City Limits
   - Registration Dist. No.: 4
   - 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**
   - Julia Duckworth
   - If U.S. Veteran, specify WAR:
   - Residence: No. Narrow Park
   - St. = Ward.

   **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Female
   - COLOR OR RACE: White
   - SING LE, MARRIED, WIDOWED, OR DIVORCED (circle the word):
     - Married
   - If married, widowed, or divorced:
     - HUSBAND OF: W. H. Duckworth
   - DATE OF BIRTH (month, day, and year): Aug 10, 1861
   - AGE: 74 yrs. 10 mos. 28 days
   - OCCUPATION: Housewife
   - DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year): March 1936
   - TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: "

3. **BIRTHPLACE**
   - Hampden County, Mass.

4. **NAME**
   - Father: Unknown
   - Mother: Unknown
   - MAIDEN NAME: Unknown

5. **INFORMANT**
   - Henry J. Bugbee

6. **BIRTHPLACE**
   - State or country:

7. **UNIONER**
   - Jacob Halden

8. **FILE DATE**
   - July 1, 1936

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - July 8
   - Year: 1936

22. **I HEREBY CERTIFY**
    - July 7, 1936, to July 8, 1936; death is said to have occurred on the data stated above, at 2 P.M.

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

- Chronic myocarditis

**Other Contributory Causes of Importance**:

- Hypertension

**Name of operation**: None
**Date of**: 
**What test confirmed diagnosis**: Physical exam
**Was there an autopsy**: No

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

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

**Manner of injury**: [ ]
**Nature of injury**: [ ]

**Burial, cremation, or removal**
- Place: [ ]
- Date: [ ]

**Undertaker**
- Name: [ ]
- Address: [ ]

**Filed**
- Date: July 1, 1936
- Dr. J. P. Franks

**Registrar**
- Name: [ ]
- Address: [ ]

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If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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<td>Chronic interstitial nephritis</td>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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<td></td>
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<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
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</table>

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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

2. FULL NAME
   Charles H. Eckeshaw
   Residence: No. 215 Carroll St.
   Ward:

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   Mar. 7, 1864

7. AGE
   Years: 72
   Months: 4
   Days: 4

8. OCCUPATION
   Plumber

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Plumber

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    Mar. 7, 1864

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    40 years

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

13. NAME
    James Eckeshaw

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

15. MAIDEN NAME
    Harriett Hardman

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

17. INFORMANT (Address)
    Mrs. Laura McCulloch
    215 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cemetery
    Date: July 14, 1936

19. UNDERwriters
    (Address)
    Harris, Shales & Co.

20. FILED
    July 14, 1936

21. DATE OF DEATH
    Jul. 11, 1936

22. I HEREBY CERTIFY
    That I attended deceased from
    Jul. 15, 1936 to Jul. 21, 1936
    Last saw him alive on
    Jul. 15, 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:
    "Meningitis Meningitis
    2-10-36"

    Name of patient: Charles H. Eckeshaw
    Date of operation:
    Duration: two days

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

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (vioLENCE) fill in also the following:

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

    Manner of injury:
    Nature of injury:

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

    If so, specify
    (Signed)
    registrar

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<th>Date of Onset</th>
<th>Other Contributory 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></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>AUG 6 1938</td>
<td></td>
</tr>
<tr>
<td></td>
<td>JULY 5, 1927</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BUREAU V.S.</td>
<td></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>
<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:

Gallstones

Gastroenteritis

1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Allegany
Village or City Cumberland
Registration Dist. No. Allegany
Ward
Within Corporate Limits
No. Allegany Hospital SE 4
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. if not foreign birth? yrs. mos. ds.

2. FULL NAME

Abraham Haufeld
(a) Residence: No. 347 A Mechanic St., 1 Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male
4. COLOR OR RACE

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

Married

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

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

May 15, 1886

7. AGE Years

50

Months

1

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

She had worked as a Blacksmith for B & O Ry.

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

B & O Ry.

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

May 1836

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town)

Pit.

13. NAME

Abraham Haufeld

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Charlotte Whit笆la

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Edith Haufeld

18. BURIAL, CREMATION, OR REMOVAL

New Baltimore, Md. D. July 7, 1936

19. UNDERTAKER

Dr. W. B. Portman

20. FILED

July 8, 1936

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from

March 15, 1936, to July 7, 1936

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

Pulmonary Tuberulous

Date of onset

1932

Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis

Physician

Date of

Signature

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

Accident, suicide, or homicide

Date of injury

Where did injury occur

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

Manner of injury

Nature of injury

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

No

If so, specify

(Signed)

MD

If more blanks are needed, address State Registrar, 2412 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 at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
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<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>AUG 6, 1936</strong></td>
<td><strong>1921</strong></td>
</tr>
<tr>
<td><strong>Bureau V. S.</strong></td>
<td><strong>July 5, 1927</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

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<tr>
<th><strong>Example I</strong></th>
<th><strong>Example II</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>May 1, 1923</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. Cumberland
   Registration Dist. No. No. Allegany
   (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.
   Ward. If U.S. Veteran, specify WAR

2. FULL NAME: Pauline Sieglinke
   (a) Residence: No. Beantownville 702
   (Usual 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 (Write the word)
   5a. If married, widowed, or divorced
   HUSBAND or (WIFE of
   Joseph Sieglinke

6. DATE OF BIRTH (month, day, and year)
   Feb. 11, 1909

7. AGE
   Years Months Days
   51 5 18
   If LESS than
   1 day, ______ hrs.
   or ______ min.

8. Trade, profession, or particular
   kind of work done, as SPINNER,
   SAWYER, BOOKKEEPER, etc.
   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)
    (State or country)
    Great Stone Door
    Maryland

13. NAME
    Hulda Carrol

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

15. MOTHER NAME
    Stafford

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

17. INFORMANT
    (Address)
    Joseph Sieglinke

18. BURIAL, CREMATION, OR REMOVAL
    Place: Beantownville
    Date: July 31, 1936

19. UNOERATER (Address)
    "

20. FILED
    July 30, 1936 by J. F. Sambells

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) 7
    (Day) 24
    (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
    June 1, 1936, to July 24, 1936; death is stated
    to have occurred on the date stated above, etc.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Pneumonia, Common Disease
   Other Contributory Causes of importance:
   Frequency 6.5 times

   Name of operation: Allegropancy
   Date of: 7-24-36
   What test confirmed diagnosis? Yes there an autopsy?
   No

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
   If so, specify
   (Signed) D. E. Brown
   (Address) Allogy

   If more blanks are needed, address State Registrar, 2441 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find 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</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Aug 6, 1926</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1928 |

Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</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
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Sarah E. Bray
   Residence: No. 18 Orchard St., 6-1 Ward, Cumberland
   If U. S. Veteran, specify WAR:

   (a) Residence: No. 18 Orchard St., 6-1 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):
   Husband or Wife of:
   Thomas H. Bray

6. DATE OF BIRTH (month, day, year):
   March 1, 1866

7. AGE: 70
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.:
   AAT 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):
   (State or country)

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

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

17. INFORMANT:
   (Address)

18. BURIAL, CREMATION, OR REMOVAL:
   Place: Mill Cove
   Date: July 15, 1936

19. UNDERTAKER:
   (Address)

20. FILED:
   July 14, 1936
   M. D. Franklin
   Address: 1432 Franklin St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH:
   July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from
   July 12, 1936, to July 12, 1936,
   I last saw him alive on July 12, 1936, death is said to have occurred on the date stated above, at 3 a.m.
   The principal cause of death and related causes of importance were as follows:
   Date of onset:
   Chronic Lobar Pneumonia
   1932

   Other Contributory Causes of Importance:
   Chronic Bronchitis
   1932

   Name of operation:
   Date of operation:
   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) J. W. Daymark
   Address: 1432 Franklin St.

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

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

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

Other contributory causes of importance:

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

See letter filed under "Franklin" 10/17/26
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME Rose C. Hamill
(a) Residence: No. 33 Elder St. (St., 6-3 Ward. Oakland, Md.
If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female White Widowed
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a. If married, divorced, or widowed HUSBAND OF James D. Hamill
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year) January 22, 1872
7. AGE 64 6 6
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. Self
10. Date deceased last worked at this occupation (month and year) 
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio
13. NAME John Cornelius
14. BIRTHPLACE (city or town) Ohio
15. MAIDEN NAME Rebecca Easton
16. BIRTHPLACE (city or town) Maryland
17. INFORMANT Memorial Hospital
18. BURIAL, CREMATION, OR REMOVAL Place Oakwood, Md. Date July 30, 1926
19. UNDERTAKER Ernest F. Balzner, M.D.
20. FILED July 30, 1926

21. DATE OF DEATH July 28, 1936

22. I HEREBY CERTIFY That I attended deceased from
3:30 A.M., 1936, to 7:18 A.M., 1936
I last saw deceased alive on 7:18 A.M., 1936. Death is said to have occurred on the date stated above, at 11:50 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Diabetes Mellitus

Other Contributory Causes of Importance:
Acute Cholecystitis

Name of operation Cholecystectomy. Date of
7:10 A.M.

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? No.
If so, specify

(Signed) Dr. W. H. Williams, M.D.

If more blanks are needed, address State Registrar, 242 N. Charles Street, Baltimore, Requesting U.S. No. 5.
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Aug 6, 1936</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 3, 1927</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

- Gallstones | May 1, 1925 |

**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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<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 COUNTY
   Village or City: CUMBERLAND, MARYLAND

2. FULL NAME: CHARLES HATFIELD
   Residence: No. 443 PENNSYLVANIA AVE., St., (Usual place of abode)
   Occupation: CLERK
   Date of death: JULY 12, 1936

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE

6. DATE OF DEATH: JULY 12, 1936
7. AGE: 25 yrs.
   If less than 1 year, specify months.
   If less than 1 month, specify days.
   If over 1 year, specify months.

8. TRADE, PROFESSION, OR OCCUPATION: CLERK
   Industry or business in which work was done: A & P STORE
   Date deceased last worked: JULY 11, 1936
   Total time spent in this occupation: 1 year

9. BIRTHPLACE: PENNSYLVANIA
   Name of father: WILLIAM E. HATFIELD
   Name of mother: SARAH LONG

10. INFORMANT: EMMA K. HATFIELD
    Address: CONNELLSVILLE, Pa.

11. BURIAL, CREMATION, OR REMOVAL: CONNELLSVILLE, Pa.
    Undertaker: JULIUS W. DUGGLEBY
    Date: JULY 16, 1936

12. DATE OF FILING: JULY 15, 1936
    Registration Dist. No.: 4
    Registration No.: 6931

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

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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><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></td>
<td><strong>Date of onset</strong></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>
<tr>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></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></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

1. PLACE OF DEATH
   County: Allegany
   No. 220 Valley St., Ward
   Length of residence in city or town where death occurred: 60 yrs., mos.

2. FULL NAME
   (a) Residence: No. 220 Valley St., Ward.
   If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH (month, day, and year)
   Aug. 18, 1863

7. AGE
   Years: 89
   Months: 11
   Days: —

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

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)
    Germany

13. NAME
    Joseph Abraham

14. BIRTHPLACE (city or town)
    Germany

15. MAIDEN NAME
    Lucy Dittman

16. BIRTHPLACE (city or town)
    Germany

17. INFORMANT
    Henry J. Helker

18. BURIAL, CREMATION, OR REMOVAL
    Place: Bethel Bank St., 7/30, 1926

19. UNDERTAKER
    Louis Stein, Inc.

20. FILED
    July 30, 1926

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) July, (Day) 28, (Year) 1926

22. I HEREBY CERTIFY that I attended deceased from July 18, 1926, to July 28, 1926, death occurred at 7 A.M.
    The Principal Cause of Death and related causes of importance were as follows:
    Mother, Wife

Other Contributory Causes of importance:

Date of onset: July 18, 1926

Other Contributory Cause of importance:

Date of onset: July 18, 1926

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: July 18, 1926
    Where did injury occur?
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
    Manner of injury: Means of harm: 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.

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

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|------------------------------------------------|
| Arteriosclerosis | REEVED |
| Chronic interstitial nephritis | AUG 6 1936 |
| Cerebral hemorrhage | JULY 5, 1927 |

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

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
   Registration Dist. No.: 4
   NO. Allegany Hospital
   Length of residence in city or town where death occurred: 82 yrs. mos. ds.
   Ward:

2. FULL NAME
   a) Residence: No. 17, Main St., 1 Ward.
   (Usual place of abode)
   If U.S. Veteran, specify WAR:

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX
   Marital Status:
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
   If married, widower, or divorced:
   HUSBAND OF (WIFE OF)
   9. Industry or business in which work was done:
   10. Date deceased last worked at this occupation (Month and Year)
   11. Total time (years) spent in this occupation
   12. BIRTHPLACE (city or town):
   13. NAME
   14. BIRTHPLACE (city or town): Germany
   15. MAIDEN NAME
   16. BIRTHPLACE (city or town):
   17. INFORMANT
   18. BURIAL, CREMATION, OR REMOVAL
   Date:
   19. UNDERTAKER
   20. FILED:

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH
   July 24, 1936

   22. I HEREBY CERTIFY That I attended deceased from July 3, 1936 to July 24, 1936.
   Death is said to have occurred on the date stated above, et al. m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Coronary Arterial Disease

   Other Contributory Causes of Importance:
   Nephritis

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

   23. If death was due to external causes (VI OLENCE) 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.

   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>Disease or Condition</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Aug 6 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>

Other contributory causes of importance:

- Gallstones: May 1, 1923

### Example II

<table>
<thead>
<tr>
<th>Disease or Condition</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, MD. MEMORIAL HOSPITAL
Length of residence in cities or towns where death occurred: yrs. mos. 19 ds.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: MELCHOIR HETRICK
(a) Residence: No. BITTINGER, MD.
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): JUNE 2, 1872

7. AGE: 64 Years 7 Months 0 Days
If less than 1 year, state in months, days, and hours.

8. Trade, profession, or particular kind of work done: FARMER
9. Industry or business in which work was done: SAW MILL, BANK, etc.
10. Data 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: CONRAD HETRICK
14. FATHER: GERMANY
15. MAIDEN NAME: NANCY APPOLIA
MOTHER: GERMANY

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

17. INFORMANT: MEMORIAL HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: BITTINGER, MD.
Date: 7/12/36

19. UNDERTAKER: D.H. DEUTSCH
(Address)

20. FILED: JULY 9, 1936
(Signed) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: JULY 9, 1936

I last saw him alive on 7/12/36.
Death is said to have occurred on the date stated above, at 3:12 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic pericarditis
Benign hypertrophy
Cardiac dilatation

Other Contributory Causes of importance:

Name of operator:
Cystotomy removal of cyst Date of 6-30-36

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.D.

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<td>AUG 6, 1936</td>
<td>1915</td>
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<td></td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>BUREAU V. S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>May 1, 1923</td>
<td>Gallstones</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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</tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   -

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

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, SAWS, BOOMKEEPER, 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
   (Middle Initial) 
    (Last 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
    7-21, 1936

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
    (Month) 20
    (Day) 1936

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

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, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.
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</tr>
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</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>BUREAU V. S.</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>AUG 1, 1936</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

- Gallstones
  - **Date of onset**: May 1, 1923
- 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
   Registration Dist. No. 4
   No. 525 presidency
   St. 3
   Ward
   Length of residence in city or town where death occurred 10 yrs.

2. FULL NAME
   Female
   Residence: No. 525 presidency
   If U.S. Veteran, specify WAR
   Ward
   Residence
   (Unusual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year)
   Feb 7 1905

7. AGE
   Years 31
   Months 3
   Days 0

8. OCCUPATION
   Housewife

9. DATE deceased last worked at this occupation (month and year)
   May 2, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE
   Kansas City

13. NAME
   John W. Miller

14. BIRTHPLACE
   (State or country)

15. MAIDEN NAME
   Una Regnier

16. BIRTHPLACE
   (State or country)

17. INFORMANT
   Una Miller

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

19. UNOBTAINED
   Address

20. FILED JUNE 1, 1936

Medical Certificate of Death

21. DATE OF DEATH
   July 1936

22. I HEREBY CERTIFY
   That I attended deceased from
   July 7, 1936, to July 10, 1936
   I last saw him alive on July 7, 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:

   [Signature]

   Date of onset

   Other Contributory Causes of importance:

   [Signature]

   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, HOME, or IN PUBLIC PLACE.

   Manner of injury
   Nature of injury

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

   [Signature]
   M. 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.

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jan 6, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1928 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: Allegany
Village or City: McHenry
Length of residence in city or town where death occurred: 1 yr.

2. FULL NAME

(a) Residence: No. 69, 2nd St., St., Ward.
(b) Name: Adamson Ward Nightower. Veteran, specify WAR.
(c) Date of Registration Dist. No.: 6
(d) Date of Registration: July 7, 1936

3. SEX

FEMALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

MARRIED

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

May 3, 1875

7. AGE

Years: 61
Months: 0
Days: 0

8. OCCUPATION

Housework

9. DATE OF DEATH (month, day, and year)

July 7, 1936

10. Date of onset: 1930

11. Total time (years) spent in this occupation: 1.5

12. BIRTHPLACE (city or town)

Baltimore

13. NAME

Louise V. Meyers

14. BIRTHPLACE (city or town)

Baltimore

15. MAIDEN NAME

Evelyn Connors

16. BIRTHPLACE (city or town)

State or country: Md.

17. INFORMANT

Michael James Ward

18. BURIAL, CREMATION, OR REMOVAL

Place: Fairmount

19. UNDERTAKER

B. Crandall

20. FILED

July 11, 1936

21. DATE OF DEATH

July 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1935, to July 7, 1936, I last saw him alive on July 7, 1936; death is said to have occurred on the date stated above, at 6:30 a.m.

23. Other Contributory Causes of importance:

Intestinal Obstruction 8/13/36

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

Yes

If so, specify:

Name of operation:

Exploratory Date of:

What test confirmed diagnosis? Exploratory.

Was there an autopsy? No.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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 grocerystore, soap factory, cotton mill, etc.

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915 SEP</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921 JLY</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1922 JLY</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>
<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></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>1 year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th></th>
</tr>
</thead>
<tbody>
<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 Cumberland
   Length of residence in city or town where death occurred yrs. mos. ds.
   Registration Dist. No. 4
   Ward
   If death occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME
   Charles Hoover
   (a) Residence: No. 64, Cresco, Pa.
   If U. S. Veteran, specify WAR
   (Usual place of abode)
   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
   Married
   5a. If married, widowed, or divorced
   HUSBAND of (or) WIFE of Esther Kriese Hoover

6. DATE OF BIRTH (month, day, and year) Jan. 14, 1881

7. AGE
   Years 54
   Months 3
   Days 11
   If less than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   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)
   (State or country)
   Penna

13. NAME
   Joseph Hoover

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

15. MAIDEN NAME
   Catherine Bender

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

17. INFORMANT
   Name of operation
   Address

18. BURIAL, CREMATION, OR REMOVAL
   Place

19. UNDERTAKER
   Address

20. FILED
   July 7, 1936
   Dr. Joseph Hoover
   Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) July 5
   (Day) 1936
   (Year)

22. I HEREBY CERTIFY, That I attended deceased from
   (Month) Jan.
   (Year) 1936

I last saw him alive on
   (Month) Jan.
   (Year) 1936

I had the body of the above person on the date above stated, at 4:40 P. M.

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

Date of onset
   (Month) Jan.
   (Year) 1936

Other Contributory Causes of Importance:

Date of
   Accident, suicide, or homicide?
   What last 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 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, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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:
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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<tr>
<td>Arteriosclerosis</td>
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</tr>
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<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>[RECEIVED AUG 6 1930</td>
<td>[JULY 5, 1927]</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

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

2. FULL NAME
   (a) Residence: No.
   (Usual place of abode)
   Personal and Statistical Particulars
   (b) Residence: No.
   (Usual place of abode)
   Sex: Male
   Color or Race: White
   Single, Married, Widowed, or Divorced: Married
   If married, widowed, or divorced: Wife of
   Date of Birth: Feb 28, 1900
   Age: 36 yrs. 4 mos. 7 days
   If less than 1 day, hrs. or min.
   Occupation: Farmer
   BIRTHPLACE (city or town): Allegany, Pa.
   Birthplace (State or country): Allegany, Pa.
   Mother's Name: Ellen Smith
   Father's Name: Frank J. Hornblsode
   MOTHER'S NAME: Ellen Smith
   FATHER'S NAME: Frank J. Hornblsode
   BIRTHPLACE (city or town): Allegany, Pa.
   BIRTHPLACE (State or country): Allegany, Pa.
   INFORMANT: Frank J. Hornblsode
   INFORMANT (Address): Allegany, Pa.
   Date of Burial, Cremation, or Removal: July 7, 1926
   Undertaker: George Smith
   Date of Death: July 5, 1926
   Date of Registration: July 7, 1926
   FILED: July 7, 1926
   Registration Dist. No. St. = Ward
   City Limits: Out of
   If U.S. Veteran, specify War:
   If Nonresident give city or town and State:

3. MEDICAL CERTIFICATE OF DEATH
   I HEREBY CERTIFY, That I attended deceased from
   to
   I last saw h. alive on
   to have occurred on the date stated above, at M. ; death is said
   to have occurred on the date stated above, at M. ; death is said
   to have occurred on the date stated above, at M. ; death is said
   to have occurred on the date stated above, at M. ; death is said
   to have occurred on the date stated above, at M. ; death is said
   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?:
   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?: Boonsboro, Ind.
   (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:

   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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<td>1915</td>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<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 as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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<tr>
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<td>1 week ago</td>
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<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
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<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: Cumberland
   - Registration Dist. No.: 4
   - Within Corporate Limits
   - M. 6-1 Ward
   - No. Memorial Hospital
   - Length of residence in city or town where death occurred: 38 yrs. 0 mos. 0 ds.
   - If death occurred in a hospital or institution, give its NAME instead of street and number:

2. **FULL NAME**
   - Richard Howerwill
   - If U. S. Veteran, specify WAR: Spanish America
   - Residence: No. 701 Arnett Ave.
   - St., 1 Ward.
   - If nonresident give city or town and State:

### PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Etta Close Howerwill

6. **DATE OF BIRTH** (month, day, and year)
   - Sept 13, 1881

7. **AGE**
   - Years: 54
   - Months: 10
   - Days: 15
   - If less than 1 day, hrs. or min.:

8. **OCCUPATION**
   - Conductor
   - Railroad

9. **DATE deceased last worked at this occupation (month and year)**
   - Aug 1927

10. **TOTAL TIME (years) spent in this occupation**
    - 24

11. **BIRTHPLACE** (city or town)
    - Cherry Run, W. Va.

12. **NAME**
    - Millard Howerwill

13. **FATHER**
    - Name of father: Wm. Howerwill

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

15. **MOTHER NAME**
    - Emma Shelton

16. **BIRTHPLACE** (city or town)
    - Alexandria, Va.

17. **INFORMANT**
    - Address:
    - Harry A. Howerwill

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Hillcrest Cem. Date: July 31, 1936

19. **UNOERTAKER**
    - Address:
    - Jacob Heffer

20. **FILED**
    - July 31, 1936
    - Dr. J. R. Frinkham, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
    - July 28, 1936

22. **HEREBY CERTIFY**
    - That I attended deceased from July 21, 1936 to July 28, 1936; death is said to have occurred on the date stated above at 11:45 P.M.

23. **PRINCIPAL CAUSE OF DEATH and related causes of importance**
    - Date of onset: July 11, 1936

24. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - Date of onset:

25. **NAME OF OPERATION**
    - Date of:
    - Nature of injury:

26. **CAME FROM**
    - External causes (VIOLANCE)

27. **ACCIDENT**
    - Suicide, homicide, or suicide:

28. **DATE OF INJURY**
    - Where did injury occur?:

29. **PUBLIC PLACE**
    - Injury occurred in:

30. **MANNER OF INJURY**
    - Nature of injury:

31. **DISEASE OR INJURY**
    - In any way related to occupation of deceased:

32. **SIGNED**
    - (Address)
    - M. D.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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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:

<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 RECEIVED 1915</td>
<td>Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis 1921</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage AUG 6 1936</td>
<td>Peritonitis 3 days ago</td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones May 1, 1923</td>
<td>Other contributory causes of importance: Gastroenteritis 1 year</td>
</tr>
</tbody>
</table>

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

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

2. FULL NAME
   (a) Residence: No.
   (b) 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

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

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

7. AGE
   Years
   Months
   Days

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

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

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

11. Total time (years)
    spent in this occupation

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

13. NAME
    (Father)

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

15. MAIDEN NAME
    (Mother)

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

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Date

19. UNOBTAINED
    (Address)

20. FILED: 8-1, 1936
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) 28
    (Day) 1936
    (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    19                                     19
    I last saw him                        to
    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:

Other Contributory Causes of Importance:

Name of operation
What test confirmed diagnosis? Yes or no on 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

   (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 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>Sep 1, 1936</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 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

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany, MD. Within corporate limits
   Village or City: Cumberland, MD. Within Memorial Hospital
   Registration Dist. No.: 61-1
   Ward: 1
   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 foreign birth: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 214 Washington St., City St., Ward.
   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 (write the word)
   MARRIED

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

6. DATE OF BIRTH (month, day, and year)
   JUNE 20, 1864

7. AGE
   Years: 72
   Months: 0
   Days: 23
   If LESS than 1 day, hrs. or min.

8. OCCUPATION
   BINDING BUSINESS

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)
    OHIO
    (State or country)

13. NAME
    GEORGE JENVEY

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

15. MAIDEN NAME
    ANNA CURTIN

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

17. INFORMANT
    MEMORIAL HOSPITAL
    CUMBERLAND, MD.

18. BURIAL, CREMATION, OR REMOVAL
    Place: CUMBERLAND, MD.
    Date: 7/15, 1936

19. UNDERTAKER
    F. P. Frankel

20. FILED
    July 15, 1936

21. DATE OF DEATH
    JULY 13, 1936

22. I HEREBY CERTIFY that I attended deceased from
    1936
    7/13, 1936
    I last saw deceased on 7/13, 1936, and 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:

    Other Contributory Causes of importance:

    NAME
    DIABETES MELLITUS
    Date of onset
    7/11/36

    Name of operation
    NO
    What test confirmed diagnosis?
    Y
    Was there an autopsy?
    Y

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.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td><strong>AUG 6 1936</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td><strong>BUREAU V. S.</strong></td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Frostburg, Md.
   Registration Dist. No.
   No. 9
   micro Hosp.
   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. 137 Park
   Place, St., Ward. Cumberland, Md.
   Alice E. Kimble
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   4. COLOR OR RACE
   White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married
   5a. If married, widowed, or divorced
   HUSBAND of
   Robert B. Kimble
   (or) WIFE of

6. DATE OF BIRTH (month, day, and year)
   August 3, 1905

7. AGE
   Years
   Months
   Days
   31
   11

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

11. Total time (years) spent in this occupation

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

13. NAME
   Albert Staniforth
   (State or country)

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

15. MAIDEN NAME
   Alice Williams
   (State or country)

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

17. INFORMANT
   Mrs. Albert Staniforth
   Cumberland, Md.

18. BURIAL, CREMATION, OR EMOR
   Place
   Cumberland, Md.
   Date: July 6, 1936

19. UNDERTAKER
   Louis Stein, Inc.
   Cumberland, Md.

20. FILED
   July 4, 1936
   A.B. Walker, M.D.
   Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   7-3-36
   (Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from 3 a.m. 7-3-36 to 9:45 a.m. 7-3-36.
   I last saw her alive on 7-3-36.
   Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Herasthm...Shull

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?
   Accident
   Date of injury
   7-3-36
   Where did injury occur?
   Cumberland, Md.
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   National Railway
   Manner of injury
   Accident
   Nature of Injury
   Violence to head

24. Was disease or injury in any way related to occupation of deceased?
   No
   If so, specify
   (Signed)
   Alfred V. Aronson, M.D.
   Address
   Frostburg, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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</th>
<th>Date of onset</th>
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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 1, 1925 |

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

Other contributory causes of importance:

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

2. FULL NAME: Amy Kimmell
   If U.S. Veteran, specify War: 
   If nonresident give city or town and State: 

   (a) Residence: No.
   (b) Place of abode: (Usual place of abode)
   St., Ward: 

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SING. MARR., WID. OR DIV. (Write the word): Widowed

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

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

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

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

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

   13. NAME: Joseph King

   15. MOTHER'S NAME: Insaba White

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

   17. INFORMANT:
       (Address): Memorial Hospital

   18. BURIAL, CREMATION, OR REMOVAL
       Place: Cumberland
       Date: July 22, 1936

   19. UNDERTAKER: Ernest Baldwin
       (Address):

   20. FILED:
       July 22, 1936

   21. DATE OF DEATH:
       July 17, 1936

   22. I HEREBY CERTIFY that I attended deceased from
       July 7, 1936, to July 17, 1936.

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

   25. Date of onset: 

   26. Other Contributory Causes of importance:
       Date of onset: 

   27. Name of operation:
       Date of:
       How was there an autopsy?:

   28. What test confirmed diagnosis?:

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

   30. Place of residence where death occurred:


   32. If nonresident give city or town and State: 

   33. Place of burial:
       Date: 

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

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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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<table>
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<tr>
<td>Arteriosclerosis</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
</tbody>
</table>

**Example II**

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

**Other contributory causes of importance:**

| Gallstones                      | Date of onset |
|---------------------------------|
| Gastroenteritis                 | 1 year        |

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

County: Allegany
Village or City: Frostburg, Md.

2. FULL NAME

(a) Residence: No.
(B) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH

7. AGE

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

22. I HEREBY CERTIFY

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 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 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 “labourer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Aug 1, 1936</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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 Logansport
   Registration Dist. No. 8
   Length of residence in city or town where death occurred ... yrs. ... mos. ... ds.

2. FULL NAME
   (a) Residence: No. 2119 Newington Ave., Ward.
   Name: Annie Walker Matthews
   If U. S. Veteran, specify WAR ...
   If nonresident give city or town and State ...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a. If married, widowed, or divorced
   Husband or Wife of George Matthews

6. DATE OF BIRTH (month, day, and year) July 5, 1852

7. AGE 83 Years 11 Months 29 Days If LESS than 1 day, ... hrs. or ... min.

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

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

10. Date deceased last worked at this occupation (month and year) May 1936
11. Total time (years) spent in this occupation 69

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

13. NAME Alexander Walker
    Father of Deceased

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

15. MAIDEN NAME Jean Caldwell Walker
    Mother of Deceased

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

17. INFORMANT (Address) Mr. Robert Mathews, Lonaconing, MD

18. BURIAL, CREMATION, OR REMOVAL
   Place Oak Hill Cemetery, Date July 7, 1936

19. UNDERTAKER (Address) Myrick's Undertaking, Lonaconing, MD

20. FILED JULY 7, 1936

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

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10.—The month and year the deceased last worked at the occupation.
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<table>
<thead>
<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>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>AUG 6, 1936</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones
  - Date of onset: 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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<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
  - 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
   No. 210 E. 5th St., St. 6-2, Ward.
   Registration Dist. No. 45-2
   (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.
   yrs., mos., ds.
   How long in U.S. if of foreign birth?
   yrs., mos., ds.

2. FULL NAME
   (a) Residence: No. 210 E. 5th St., St. 6-2, Ward.
   (Usual place of abode)
   If U.S. Veteran, specify WAR
   Civil War

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
4. COLOR OR RACE
   White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (record the word)
   Widowed
5a. If married, widowed, or divorced
   HUSBAND or WIFE of
   Cordila Wise

6. DATE OF BIRTH (month, day, and year)
   Jan. 14, 1846

7. AGE
   Years
   Months
   Days
   If less than 1 year, give in months and days
   90
   3
   26

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

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

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

11. Total time spent in this occupation

12. BIRTHPLACE (city or town)
    (State or country)
    Johnstown, Pa.

13. NAME
    John Megahan

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

15. MOTHER NAME
    Eucinda Reichen

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

17. INFORMANT
    Mrs. Janise Carson
    Address

18. BURIAL, CREMATION, OR REMOVAL
    Placenta
    Rose Hill Cem., July 13, 1926

19. UNOBTAINED
    Louis Heatlie
    Address

20. FILED
    July 13, 1926 Dr. J. P. Franken

   MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   July 10, 1931

22. I HEREBY CERTIFY: That I attended deceased from
    Jan. 14, 1931, to July 10, 1931, death is said to have occurred on the date stated above, at
    7:00 PM.

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

   Other Contributory Causes of importance:
   Ochronosis

   Name of operation:
   Chelation
   Date of:
   15-31

   What test confirmed diagnosis? Chelation
   Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) 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.
   Registrar

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

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 employers 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>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

**Example II**

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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
(a) Residence: No. 208 Park St., 5 Ward.
(b) If nonresident give city or town and State.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male

4. COLOR OR RACE
White

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

6. DATE OF BIRTH (month, day, year)
Aug. 23, 1862

7. AGE
73 yrs.

8. TRADE, PROFESSION, OR OCCUPATION
Politician

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
Allegany Co.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
Aug. 23, 1936

11. TOTAL TIME (MONTHS, DAYS, YEARS) Spent in This Occupation
1 year

12. BIRTHPLACE (City or Town)
Johnstown, Pa.

13. NAME
Patrick Moore

14. BIRTHPLACE (State or Country)
Ireland

15. MAIDEN NAME
Bridget Moore

16. BIRTHPLACE (City or Town)
Mt. Savage, Md.

17. INFIRMARY OR HOSPITAL
208 Park St., 5 City

18. BURIAL, CREMATION, OR REMOVAL
Mechanic on July 23, 1936

19. UNDERTAKER
Cumberland, Md.

20. FILED (Address)
July 22, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
July 20, 1936

22. I HEREBY CERTIFY That I attended deceased from 4-30-1936 to 7-20-1936.
I saw h. m. alive on 7-1-1936; death occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

23. Other Contributory Causes of Importance:

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

25. Name of operation,

26. What test confirmed diagnosis?

27. Was there an autopsy?

28. Date of injury

29. Where did injury occur?

30. Manner of injury

31. Nature of injury

32. If so, specify

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</thead>
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<td>RECEIVED 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>AUG 6 1930</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1937</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

### Example II

<table>
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<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**: Cumberland
- **Within Corporate Limits**: No
- **Registration Dist. No.**: 74
- **Ward**: 2
- **Street and Number**: Gephart Drive

**Length of residence in City or town where death occurred**: 8 yrs. mos. ds.

**How long in U.S. or foreign birth?**: yrs. mos. ds.

## 2. FULL NAME

- **Cora Adell Mutch**
- If U.S. Veteran, specify WAR...

**Residence**: No. 742, Gephart Drive, 1 Ward.

**If nonresident give city or town and State**

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEX</strong></td>
</tr>
<tr>
<td><strong>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</strong></td>
</tr>
</tbody>
</table>

**If married, widowed, or divorced**

- **HUSBAND or WIFE OF**: George J. Mutch

**6. DATE OF BIRTH**

- **Month**: April
- **Day**: 9
- **Year**: 1879

## 7. AGE

- **Years**: 57
- **Months**: 2
- **Days**: 26

**If less than 1 year**: hrs. or min.

<table>
<thead>
<tr>
<th>OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housework</td>
</tr>
</tbody>
</table>

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

**At Home**

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

## 12. BIRTHPLACE

- **City or town**: Maytown, Pa.
- **State or country**

## 13. NAME

- **John P. Albright**

## 14. BIRTHPLACE

- **City or town**: Maytown, Pa.
- **State or country**

## 15. MAIDEN NAME

- **Barnea**

## 16. BIRTHPLACE

- **City or town**: Marietta, Pa.
- **State or country**

## 17. INFORMANT

- **George J. Mutch**
- **Address**: 742 Gephart Drive, Cumberland, MD

## 18. BURIAL, CREMATION, OR REMOVAL

- **Place**: Cumberland, Pa.
- **Date**: July 8, 1936

## 19. UNDERTAKER

- **Address**: Jacob Staley
- **Address**: Cumberland, MD

## 20. FILED

- **Date**: July 6, 1936

## 21. DATE OF DEATH

- **Month**: July
- **Day**: 5
- **Year**: 1936

**I HEREBY CERTIFY.**

- **That I attended deceased from**
- **July 4, 1936, to July 5, 1936**
- **Last saw her alive on**
- **July 5, 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:

- **Cerebral Embolism**

**Date of onset**: 7/4/36

**Other Contributory Causes of importance**

- **Chronic Peritonitis**

**Date of death**: 7/5/36

**Name of operation**

- **Date of operation**

**Was there an autopsy?**

- **Y/N**

## 22. Certification

- **Accident, suicide, or homicide?**
- **Date of Injury**: 19

**Where did injury occur?**

- **Specify city or town, county and State**

**Manner of injury**

**Nature of injury**

**Was death in any way related to occupation of deceased?**

- **Y/N**

**If so, specify**

**Address**: 213 21st Ave. Cumberland, MD

**Register**

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
Statement of occupation.—Percise 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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<tbody>
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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:**

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

### Example II

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

**Other contributory causes of importance:**

<p>| |</p>
<table>
<thead>
<tr>
<th></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: Allegany
   Village or City: Cumberland
   Registration Dist. No.: Allegany, Hospital No.: 4
   Ward: 4

2. FULL NAME: Baby Boy Norris
   (a) Residence: No. (Usual place of abode)
   If U.S. Veteran, specify WAR.
   St., Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (month, day, and year): 7-13-36

7. AGE: Years: 7
   Months: 0
   Days: 13
   If LESS than 1 day, enter 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): 7-13-36
   Total time (years) spent in this occupation: 0

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

13. NAME: Walter Gerald Norris
   Mother: Madeleine Ann Huntington

14. BIRTHPLACE (city or town) (State or country):
   Cumberland, No.

15. MAIDEN NAME: Madeleine Ann Huntington

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

17. INFORMANT: Mrs. Madeleine Norris Williams
   Address: 315 Williams St.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Frostburg
   Date: July 15, 1936

19. UNDERTAKER: Mrs. Madeleine Norris
   Address: 315 Williams St.

20. FILED: July 14, 1936
   Registrar: P. F. Franklin
   Address: Cumberland, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) 7 (Day) 14 (Year) 1936

22. I HEREBY CERTIFY that I attended deceased from July 13, 1936, to July 14, 1936, last saw him alive on July 13, 1936, at 2:30 p.m. death is said to have occurred on the date stated above, at 2:30 p.m.

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

   Cause of death
   Date of onset

   Other Contributory Causes of importance:

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td><strong>1915</strong></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td><strong>1921</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>July 5, 1927</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
<tr>
<td></td>
<td><strong>1 week ago</strong></td>
</tr>
</tbody>
</table>

| **Other contributory causes of importance:** |
| Gallstones | **Gastroenteritis** |
| **Date of onset** | **1 year** |

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

## 1. PLACE OF DEATH
- **County:** Allegany
- **Within Corporate Limits:** St. 6-3
- **Village or City:** Cumberland, Md
- **No.:** 11, Cresap St.
- **Ward:**

## 2. FULL NAME
- **Margaret Villard O'Donnell**

## 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>Widowed</td>
</tr>
</tbody>
</table>

**5a. If married, widowed, or divorced**
- **HUSBAND of:** Charles W. O'Donnell
- **Or WIFE of:**

## 6. DATE OF BIRTH
- **May 4, 1874**

## 7. AGE
- **Years:** 62
- **Months:** 2
- **Days:** 25
- **Less than:** 1 year

## OCCUPATION
- **House Work**

## 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)
- **Maryland**

## 13. NAME
- **James Villard**

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

## 15. MAIDEN NAME
- **Don't Know**

## 16. BIRTHPLACE (CITY OR TOWN)
- **Don't Know**

## 17. INFORMANT
- **Charles Jr. O'Donnell**
- **Address:** Cumberland, Md

## 18. BURIAL, CREMATION, OR REMOVAL
- **St. Paul's Cemetery**
- **Place:** Cumberland, Md
- **Date:** July 31, 1936

## 19. UNDERTAKER
- **John C. Wolford**
- **Address:** Cumberland, Md

## 20. FILED
- **July 31, 1936**
- **Signed:** James D. Johnson, 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.

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.

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>
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<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: Allegany
Village or City: Glen Burnie

2. FULL NAME.
(a) Residence: No. 507 Springdale St., 6-2 Ward.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6. DATE OF BIRTH (month, day, and year): July 22, 1934

7. AGE: Years 30, Months 0, Days 0

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. Ota deceased last worked at this occupation (month and year): "

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

12. BIRTHPLACE (city or town): Cumberland

13. NAME: Leonard D. Poland

14. BIRTHPLACE (city or town): Cumberland

15. MAIDEN NAME: Myrtle W. Wolf

16. BIRTHPLACE (city or town): Cumberland

17. INFORMANT (Address): Leonard Poland

18. BURIAL, CREMATION, OR REMOVAL: "

19. UNDERGONE (Address): Leonard Poland

20. FILED: July 3, 1936

21. DATE OF DEATH: July 22, 1936

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

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

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.

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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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<tr>
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<td>1915</td>
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<tr>
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<td>AUG 6 1936</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

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

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

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

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

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

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

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

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

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

10. Dates 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
    8-1, 1926
    Registrar

21. DATE OF DEATH
    July 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    19... to 19...
    I last saw deceased 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, 19...
    Where did injury occur? Specifying 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

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

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

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

**ADDITONAL 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. 15 ds.

2. FULL NAME. ROBERT REESE

(a) Residence: No. OAKLAND, MD. (Usual place of abode)

3. SEX. MALE

4. COLOR OR RACE. WHITE

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

6. DATE OF BIRTH (month, day, and year) SEPT. 8 -1934

7. AGE

Years 1
Months 10
Days 21
If less than 1 year, 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). W. VA.

(State or country)

13. NAME. LEO REESE

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

(State or country)

15. MAIDEN NAME. MARY NATR

16. BIRTHPLACE (city or town). MARYLAND

(State or country)

17. INFORMANT. MEMORIAL HOSPITAL CUMBERLAND, MD.

18. SUDDEN OR REMOVAL. Place Oakland, Md. Date July 30, 1936

19. UNDERTAKER. Address

20. FILED. JULY 30, 1936. Name of Registrar.

If more blanks are needed, address State Registrar, 2412 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>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>RECEIVED 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>AUG 6 1930 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: Alleghany
   Village or City: Westernport, Md.
   Registration Dist. No.: 6
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

PERSONAL AND STATISTICAL PARTICULARS

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

Sa. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna E. Rembold

6. DATE OF BIRTH (month, day, and year): Nov. 9, 1867
7. AGE: 68 Years 5 Months 3 Days

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

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): July 12, 1936

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

12. BIRTHPLACE (CITY OR TOWN): Preston Co.
   (State or country)

13. NAME: Joseph Rembold
14. BIRTHPLACE (CITY OR TOWN): Penna.
   (State or country)

15. MAIDEN NAME: Paugh
16. BIRTHPLACE (CITY OR TOWN): Virginia
   (State or country)

17. INFORMANT (ADDRESS): Jesse Leatherman, Westernport, Md.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Sterling, Md. Date: July 15, 1936

20. FILED: July 13, 1936 (Corrected 7-12-36)

REGISTRAR.

MARGINS RESERVED FOR BINDING.

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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<tr>
<td>Arteriosclerosis AUG 3, 1906 1915</td>
<td>Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage JUL 5, 1927</td>
<td>Peritonitis 3 days ago</td>
</tr>
<tr>
<td>Gallstones May 1, 1923</td>
<td>Gastroenteritis 1 year</td>
</tr>
<tr>
<td>Other contributory causes of importance:</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
   Ward: 1
   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
   Mary Leunt Robbins
   (a) Residence: No. 126, Arnett Terrace
   Ward: 1
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Sept. 27, 1866

7. AGE
   Years: 79
   Months: 9
   Days: 26
   If LESS than 1 day, hrs. or min.

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

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

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

13. NAME
   Orlanda D. Robbins

14. BIRTHPLACE (city or town)
   Alexandria, Virginia

15. MAIDEN NAME
   Frances Magruder

16. BIRTHPLACE (city or town)
   Cumberland, MD

17. INFORMANT
   Mrs. J. S. Randolph
   Address: Rutherford, N.J.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Rose Hill Cem. Dated: July 25, 1936

19. UNDERTAKER
   (Address)

20. FILED
   July 25, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) July 1936
   (Day) 23
   (Year)

22. HEREBY CERTIFY, That I attended deceased from
   April 1935, 19..., to July 1936, 1936
   I last saw him... alive on July 1936, 1936; death is said
   to have occurred on the date stated above, at 7 A.M.

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

   12. Heart, of note, Pneumonia, April 1935
   13. Same, the same sheet, of note, April 1936

   Date of onset
   June 1936

   Other Contributory Causes of importance:
   Inconvenience

   Name of operation:
   Personal, Town from Leg
   Date of:

   What test confirmed diagnosis?
   Autopsy was.

   Was there an autopsy?
   Yes

   23. If death was due to external causes (VIOLENCE) fill in 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.
   (Address)
UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

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

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

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

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

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<tr>
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>Aug 6, 1920</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</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
Village or City: Cumberland
Length of residence in city or town where death occurred: 68 yrs.

2. FULL NAME

Joseph Schriner
(Residence: No.
St., Ward.
If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

6. DATE OF BIRTH

Feb 21, 1868

7. AGE

68

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

Retired

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


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

1932

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION


21. DATE OF DEATH

July 28, 1936

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM

May 4, 1935, TO July 28, 1936

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

Suffocation

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<td>1915</td>
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<tr>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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<th>Other contributory causes of importance:</th>
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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. MEMORIAL HOSPITAL
Registration Dist. No. 44
Ward: 6-1

2. FULL NAME
MILLE SHINN
(a) Residence: 833 GEPHARD DRIVE, CUMBERLAND, MD.
(b) If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH
MAY 2, 1884
7. AGE
52

OCCUPATION
8. Trade, profession, or particular kind of work done, e.g. SPINNER, SAWYER, BOOKKEEPER, etc.
HOUSE WIFE

9. Industry or business in which work was done, e.g. 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)
OHIO

13. NAME
ISAAC HEDGES
14. BIRTHPLACE (city or town)
ENGLAND

15. MAIDEN NAME
ALTHEA HULSE
16. BIRTHPLACE (city or town)
OHIO

17. INFORMANT
MEMORIAL HOSPITAL
18. BURIAL, CREMATION OR REMOVAL
Place: Hillcrest
Date: July 4, 1936

19. UNDERTAKER
G. S. BUTLER
20. FILED
JULY 3, 1936

Dr. ZIMMERMAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.
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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.: 6
   Hospital: Memorial Hospital
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Harold Shipway
   Residence: Flintstone, Md
   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
   If married, widowed, or divorced husband of:
   Residence:

6. DATE OF BIRTH: May 30, 1936

7. AGE
   Years: 1
   Months: 21
   Days: 0
   If less than 1 day: hrs.
   or: min.

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

9. Industry or business in which work was done:

10. Date deceased last worked at this occupation:

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

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

13. NAME: Eldon Shipway
14. FATHER: 
   State or country: Pa

15. MAIDEN NAME: Gladys Smith
16. MOTHER: 
   State or country: Pa

17. INFORMANT: Eph Smith
   Address: Artemas, Pa

18. BURIAL, CREMATION, OR REMOVAL
   Place: Fairview, Pa
   Date: July 22, 1936

19. UNDERTAKER
   Address: Eph Smith
   Artemas, Pa

20. FILED: July 23, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: July 21, 1936

22. I HEREBY CERTIFY that I attended deceased from
   July 19, 1936, to July 21, 1936, death is said
to have occurred on the date stated above, etc.

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

- Congestive heart disease
- Malnutrition

Other Contributory Causes of Importance:

- Malnutrition

Name of operation:

Date of:

Wet test confirmed diagnosis?

Was there an autopsy?

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

- Accident, suicide, or homicide:
  Date of Injury: July 21, 1936
- 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)

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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| Example I |
|-----------------------------------|-----------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | Aug 9, 1938 |
| 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
- No.: St.
- Village or City: Star Tete, MD
- Registration Dist. No.: 7
- Ward: 
- Length of residence in city or town where death occurred: 37 yrs. 3 mos.
- (If death occurred in a hospital or institution, give its NAME instead of street and number)
- How long in U.S. If of foreign birth?: yrs. mos.

**2. FULL NAME**
(a) Residence: Railroad Street
(b) If U.S. Veteran, specify WAR:
- If not resident give city or town and State:

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>4. COLOR OR RACE</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</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 (or) WIFE of Linda M. Sigler

6. DATE OF BIRTH (month, day, and year): May 10, 1863

7. AGE
- Years: 13
- Months: 2
- Days: 8
- If LESS than 1 day: 1 day, 0 hrs. or: min.

8. Trade, profession, or particular kind of work done: Foreman
- Industry or business in which work was done: Railroad Track

9a. Date deceased last worked at this occupation (month and year): 1936
- Total time (years) spent in this occupation: 35

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

13. NAME: Evan James Sigler

15. MAIDEN NAME: Ann Elizabeth 

16. BIRTHPLACE (city or town): Bucyrus
- State or country: OH

17. INFORMANT
- Name: Emma Lee Sigler
- Address: 434 E. 14th St., Baltimore, MD

18. BURIAL, CREMATION, OR REMOVAL
- Place: Waterport
- Date: July 13, 1936

19. UNDERTAKER
- Name: D. B. Boat, Inc., Baltimore

20. FILED
- Date: Jan. 19, 1936
- State Registrar: S. A. Brown, MD

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH
- Month: July
- Day: 10
- Year: 1936

22. I HEREBY CERTIFY That I attended deceased from 
- July 16, 1936
- July 21, 1936: death was caused by:

23. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- Chronic Myocarditis
- Date of onset: 8/16/36

24. Other Contributory Causes of Importance:
- Lumbago
- Date of onset: 2/16/36

25. Name of operation:
- Date of:
- What test confirmed diagnosis:
- Was there an autopsy:

26. If death was due to external causes (VIOLENCE) fill in also the following:
- Accident, suicide, or homicide:
- Date of injury:
- Where did injury occur:
- (Specify city or town, county and State)
- Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE:
- Manner of injury:
- Nature of injury:
- Was disease or injury in any way related to occupation of deceased:
- If so, specify:
- (Address): Waterport, MD

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

To be complete, an occupation return must state:

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

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

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

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

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

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<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset: 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset: May 1, 1928</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 117 Decatur
   Ward: 4
   Length of residence in city or town where death occurred: yrs. mos. days

2. FULL NAME: Charles Franklin Smail
   (a) Residence: No. 119 Decatur St., H, Ward.
   If U.S. Veteran, specify WAR
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: July 10, 1936

22. I HEREBY CERTIFY that I attended deceased from...
    July 8, 1936, to July 10, 1936
    I last saw him alive on...
    July 10, 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:
    Cirrhosis of liver

    Date of onset

    Other Contributory Causes of importance:
    Chronic Diabetes

    Date of:

    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) 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 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>Date of onset</td>
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<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 importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</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
No. Rout. 2
St. __ St., Ward. __
Length of residence in city or town where death occurred __ yrs. __ mos. __ ds.

2. FULL NAME

(a) Residence: No. Flintstone, Md Rout. 2
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of Boyd Smith

6. O. DATE OF BIRTH (month, day, and year) Dec.18th 1864

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 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) Md

13. NAME Jacob. Boore

14. BIRTHPLACE (city or town) Md

15. MAIDEN NAME Maza.Dean.

16. BIRTHPLACE (city or town) Md

17. INFORMANT Boyd Smith

18. BURIAL, CREMATION, OR REMOVAL Place: Pleasant Grove. Date: July18, 1936

19. UNDERTAKER John C. Wolford

20. FILED July 18, 1936

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, 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. 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, 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 and Related Causes</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Other Contributory Causes of Importance:**

| Gallstones                      | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>Cause of Death and Related Causes</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, MD.
   Registration Dist. No. 6
   Memorial Hospital 6-1 Ward
   No.
   If death occurred in a hospital or institution, give its NAME instead of street and number
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME ADA SNYDER
   (a) Residence: No. 3 MILTENBERGER PLACE, St. 5 Ward.
   If U. S. Veteran, specify WAR
   (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

5a. If married, widowed, or divorced
   HUSBAND or WIFE of JACOB L. SNYDER

6. DATE OF BIRTH (month, day, and year) Sept 10, 1881
7. AGE Years 54 Months 10 Days 21
   If LESS than 1 day, enter hrs. or min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BODKEEPER, 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) ENGLAND
    (State or country)

13. NAME EVANS
14. BIRTHPLACE (CITY OR TOWN) ENGLAND
    (State or country)

15. MAIDEN NAME

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

17. INFORMANT MEMORIAL HOSPITAL
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place CUMBERLAND, MD.
    Date July 3, 1936

19. UNDERTAKER
    (Address)
    Date July 3, 1936

20. FILED
    (Address)
    July 3, 1936

21. DATE OF DEATH JULY 1, 1936
   MONTH (DAY) 7 1
   YEAR 1936

22. I HEREBY CERTIFY, That I attended deceased from
   to
   Last saw h. alive on
   I have examined body of deceased
   Death occurred on the date stated above, at
   Time
   The principal cause of death and related causes of importance
   were
   (Write under these words)
   Post-operative hernia
   Date of onset 1926

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   acute appendicitis
   Externostomy
   Name of operation
   Date of
   What test confirmed diagnosis
   Clinic
   Was there an 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 whether injury occurred
   (Specify city or town, county and state)
   INDUSTRY, in HOME, or in PUBLIC PLACE
   Manner of injury
   Nature of injury
   Disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed)

If more blanks are needed, address State Registrar, 2443 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbidity 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>Gallstones</td>
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</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
   - Registration Dist. No.: 705 V.Ave
   - No.: 705 V.Ave
   - S.T.: 6-3

2. **FULL NAME**
   - Steelborn Speelman
   - If U.S. Veteran, specify WAR: 

3. **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 16th, 1936
   - 7. AGE: 
     - Years: 
     - Months: 
     - Days: 1
   - If LESS than 1 day: hrs. or mins.:
   - 8. Trade, profession, or particular kind of work done: 
     - SPINNER, SAWMILL, BOOKKEEPER, etc.
   - 9. Industry or business in which work was done: 
     - SILK MILL, SAWMILL, BANK, etc.
   - 10. Date deceased last worked at this occupation (month and year): 
   - 11. Total time (years) spent in this occupation:

4. **MEDICAL CERTIFICATE OF DEATH**
   - 21. DATE OF DEATH: July 16, 1936
   - I HEREBY CERTIFY, That I attended deceased from 
   - 19 to 
   - 19
   - Last seen alive on: 19
   - Death said to have occurred on the date stated above, at 11 20 P.M.
   - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   - Other Contributory Causes of importance:

5. **OCCUPATION**
   - N.B.: WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be supplied carefully. AGE should be stated EXACTLY. PHYSICIANS should state the cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

6. **BIRTHPLACE**
   - (City or town): Md
   - (State or country): 

7. **NAME**
   - Harry Molinari
   - Father: Steelborn Speelman
   - Mother: Annie Speelman

8. **INFORMANT**
   - Name: Steelborn Speelman
   - Relationship: Father
   - Address: Cumberland, Md

9. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Rose Hill Cem
   - Date: July 18, 1936

10. **UNDERTAKER**
    - Name: John C. Wolford
    - Address: Cumberland, Md

11. **PROOF**
    - Signature: 
    - Address: Cumberland, Md

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

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<td>Cerebral hemorrhage</td>
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</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: July 5, 1927
Date of onset: 3 days ago
Date of onset: May 1, 1923
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
   Registration Dist. No.: 4
   Memorial Hospital: No. 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. mos. ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME: Antonio Spera
   If U.S. Veteran, specify WAR:
   (a) Residence: No. 1317 Virginia Ave. 6-3 Ward.
   (Urgent 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: Married
   5a. If married, widowed, or divorced, HUSBAND or (or) WIFE of:

6. DATE OF BIRTH: Dec 18 1847
7. AGE: 86 yrs. 7 mos. 16 days
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): B 0 By
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town): Italy
   (State or country)
13. NAME: Sebastian Spera
14. BIRTHPLACE (city or town): Italy
   (State or country)
15. MAIDEN NAME: Del Francesco Rizzo
16. BIRTHPLACE (city or town): Italy
   (State or country)
17. INFORMANT (Address): Sebastian Spera
18. BURIAL, CREMATION, OR REMOVAL
   Place: St. Andrew’s
   Date: 7/31/1936
19. UNDERTAKER (Address): Morris Steinson
20. FILED: July 30, 1936
   Registrar: D. J. P. Franklin
   Address: 127 So. Central St.\n
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: July 29 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1935, to July 28 1936; 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:

   Augie Pecora

   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) M. D.
   Address: 127 So. Central St.

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

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

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

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

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

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

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

Example I

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

BUREAU Y. S.

RECEIVED

AUG 6 1936

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>
<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. WITHIN CORPORATE LIMITS
   No. Memorial Hospital St. 6 - 1 Ward
   Length of residence in city or town where death occurred: yrs. mos. 2 ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME: Gustavus Stanton
   (a) Residence: No. Bittinger, Md.
   St., Ward.
   If U.S. Veteran, specify WAR
   (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):
   Married
5a. If married, widowed, or divorced
   HUSBAND of: Sarah Jordan
   OR WIFE of

6. DATE OF BIRTH (month, day, and year): Jan. 20, 1870
7. AGE: 66 Years, 6 Months, 6 Days
   If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, e.g. SPINNER,
   SAWER, BOOKKEEPER, etc.
   Farmer
9. Industry or business in which work was done, e.g. SILK MILL,
   SAW MILL, BANK, etc.

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

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

13. NAME: Thomas Stanton
14. BIRTHPLACE (city or town): Maryland
    (State or country)
15. MAIDEN NAME: Louise Broadwater
16. BIRTHPLACE (city or town): Maryland
    (State or country)

17. INFORMANT: Memorial Hospital
    (Address)
18. BURIAL, CREMATION, OR REMOVAL
    Place:
    Date:
19. UNDERTAKER: Bittinger & Sons
    (Address)
20. FILED: July 26, 1936

M.D.

If more blanks are needed, address State Registrar, 2413 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>
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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><strong>RECEIVED</strong></td>
<td><strong>AUG 6 1936</strong></td>
</tr>
<tr>
<td><strong>BUREAU V. S.</strong></td>
<td><strong>July 5, 1927</strong></td>
</tr>
<tr>
<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>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>May 1, 1923</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td></td>
</tr>
<tr>
<td><strong>1 year</strong></td>
<td><strong>1 year</strong></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month)  7
   (Day)  2
   (Year)  1936

22. I HEREBY CERTIFY, That I attended deceased from
   July 7, 1936, to July 9, 1936; death is said to
to have occurred on the date stated above.

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

   Incorrigible
debilitated.

   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)

   Filed
   July 9, 1936
   Dr. J. P. Franklin

   Registrar
   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**

| The principal cause of death and related causes |
|---|---|---|---|
| Date of onset | RECEIVED | Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | AUG 6 1936 | | |
| 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 Easton
   Length of residence in city or town where death occurred 18 yrs. 1 mos. 0 ds.

2. FULL NAME
   Lorettta May Stephens
   (a) Residence: No. 508 Young
   If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   Blond

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)
   July 18 1918

7. AGE Birth Years Months Days
   18 0 5

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)
    Easton
    (State or country) MD

13. NAME
    Lorettta May Stephens

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

15. MAIDEN NAME
    Ila B. Bruce

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

17. INFORMANT
    John H. Stephens
    (Address) Easton

18. BURIAL, CREMATION, OR REMOVAL
    Place: New Hill Cem., Date: 7/2/5, 1936

19. UNDERTAKER
    E. M. Stebbins & Co.
    (Address) Easton

20. FILED
    July 2, 1936
    Dr. J. C. Flanagan
    Registrar
    M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) July
    (Day) 23rd
    (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-13-36 to 7-23rd, 1936.
    I last saw deceased alive on 7-23-36.
    Death is caused to have occurred on the date stated above, at 12:40 P.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    (1) Post-Operative Collapse.
    Some surgery performed for enlarged diseased tonsils.
    The principal vomiting was not purulent.
    It followed the administration of ether.
    Other Contributory Causes of importance:
    (2) Peritonitis: Vomiting.

Name of operation
    Tonsillecody
    Date of
    7-13-36

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

23. If death was due to external causes (VIOLANCE) fill in also the following:
    Accident, suicide, or homicide?
    Date of injury 7-23-36
    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
    (Address) 54 N. Market St.

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:
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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.

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>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<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>
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<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 1927</td>
<td>Peritonitis</td>
<td>3 days ago</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: Allegany
   - Village or City: Cumberland, Md
   - Registration Dist. No.: 4
   - No. Potomac River: 1 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**
   - Grant. Trelux
   - (a) Residence: No. Cumberland, Md. 335 E. St., 6-3 Ward.
   - If U.S. Veteran, specify WAR:
   - If nonresident give city or town and State:

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Male
   - **COLOR OR RACE**: White
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Widowed
   - **HUSBAND OF (or) WIFE of**: Allis. Trelux
   - **DATE OF DEATH**: Oct. 8, 1866
   - **AGE**:
     - Years: 69
     - Months: 8
     - Days: 24
   - **TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE**: Carpenter
   - **INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE**: SILK MILL
   - **DATE DECEASED LAST WORKED AT THIS OCCUPATION**: Oct. 8, 1866
   - **TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**: 24 years
   - **MAIDEN NAME**: Don't Know
   - **BIRTHPLACE (CITY OR TOWN)**:
     - (State or country): Pa
   - **FATHER**:
   - **MOTHER**:
   - **DATE OF BIRTH**: Aug. 18, 1866

4. **MEDICAL CERTIFICATE OF DEATH**
   - **DATE OF DEATH**: July 11, 1936
   - **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 11:30 A.M.
     - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
       - Drowned in Potomac River, Cumberland, Md
     - Other Contributory Causes of Importance: Probably accidental
   - **DATE OF ONSET**: [Blank]

5. **OCCUPATION**
   - [Blank]

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

7. **Location of Death**
   - **BURIAL, CREMATION, OR REMOVAL**:
     - Place: Terre Haute, Ind.
     - Date: July 15, 1936
     - **UNDERTAKER**:
       - Name: John C. Wolford
       - Address: Cumberland, Md

8. **FILED**:
   - **FILING DATE**: July 15, 1936
   - **REGISTRAR**: R. P. Franklin

---

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>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis 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 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.: 4
   No. 13, arch
   Length of residence in city or town where death occurred: 20 yrs., 8 mos.
   If death occurred in a hospital or institution, give its name instead of street and number:

2. FULL NAME
   (a) Residence: No. 13 Arch
      If U. S. Veteran, specify WAR: St., 6-21 Ward.
      (Unusual 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 (or) WIFE OF
   Harry Frinkman

6. DATE OF BIRTH (month, day, and year)
   6-21-1876

7. AGE
   Years: 60
   Months: Unknown
   If less than 1 year:
   Months: Unknown
   Hours: Unknown
   Minutes: Unknown

8. Trade, profession, or particular occupation
   Housewife

9. Industry or business in which work was done
   Home, private household

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

11. Total time (years) spent in this occupation

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

13. NAME
    Samuel Mat

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

15. MAIDEN NAME
    Margaret Reene

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

17. INFORMANT
    (Address)
    Emery Mat

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cumberland
    Date: July 17, 1936

19. UNDERTAKER
    (Address)

20. FILED
    July 17, 1936

21. DATE OF DEATH
    Month: July
    Day: 15
    Year: 1936

22. MEDICAL CERTIFICATE OF DEATH
    I HEREBY CERTIFY that I attended deceased from
    last seeing on: July 14, 1936; death is said to have occurred on the date stated above.
    principal cause of death:
    Appendicitis

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
    Cerebro-tetras

24. Other contributory cause of importance:
    Hemorrhages

25. NAME OF OPERATION:
    Appendix

26. DATE OF OPERATION:

27. WHETHER TEST CONFIRMED DIAGNOSIS:

28. DATE OF INJURY:

29. WHERE DID INJURY OCCUR:

30. SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE:

31. MANNER OF INJURY:

32. NATURE OF INJURY:

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

34. IF SO, SPECIFY:

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>AUG 6 1936</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Cause of death</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>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.: 4
   - Ward: 6-2

2. **FULL NAME**
   - Martha True

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - June 29, 1865

7. **AGE**
   - Years: 71
   - Months: 0
   - Days: 27

8. **OCCUPATION**
   - Housewife

9. **DATE DECEASED LAST WORKED**
   - At this occupation: July 26, 1936
   - In this occupation: July 26, 1936

10. **DATE OF DEATH**
    - July 26, 1936

11. **MEDICAL CERTIFICATE OF DEATH**
    - Certified by: Dr. Henry J. Boyd
    - Date of onset: July 26, 1936

12. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - Organic Heart Disease

13. **Place and Date of Death**
    - Elkwood, Allegany County, July 26, 1936

14. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Cumberland
    - Date: July 29, 1936

15. **UNERTAKER**
    - Name: H. P. Franklin

16. **FILED**
    - Date: July 26, 1936
    - Registrars 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.

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes</td>
<td>The principal cause of death and related causes</td>
</tr>
<tr>
<td>of importance were as follows:</td>
<td>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>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1915</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>AUG 6 1936</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td>BUREAU V. S.</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
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<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1925</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: Cumberland
- Registration Dist. No.: 113
- Ward: 2
- Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME
- Name: Oliver Twigg
- If U.S. Veteran, specify WAR: 

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)
- Sept 27, 1881

7. AGE
- Years: 54
- Months: 9
- Days: 15

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BDDKKEEPER, etc.
- Conductor

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SAW MILL, RAILWAY, etc.
- Railroad

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
- W Va

13. NAME
- Andrew Twigg

14. BIRTHPLACE (CITY OR TOWN)
- W Va

15. MAIDEN NAME
- Nancy Barker

16. BIRTHPLACE (CITY OR TOWN)
- MD

17. INFORMANT (ADDRESS)
- Miss Julia Twigg

18. BURIAL, CREMATION, OR REMOVAL
- Cemetery: Cumberland

19. UNDERTAKER
- Lucas Thiel

20. FILED
- July 9, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
- (Month, Day, Year)
- 7/7/36

22. I HEREBY CERTIFY, That I attended deceased from

23. THE PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- Coronary Thrombosis
- Myocardial Degeneration

24. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

25. NAME OF OPERATOR

26. DATE OF

27. WHAT TEST CONFIRMED DIAGNOSIS?

28. WAS THERE AN AUTOPSY?

29. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ELSE THE FOLLOWING:
- ACCIDENT, SUICIDE, OR HOMICIDE
- DATE OF INJURY
- WHERE DID INJURY OCCUR?
- SPECIFY CITY OR TOWN, COUNTY AND STATE

30. MANNER OF INJURY

31. NATURE OF INJURY

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

33. IF SO, SPECIFY

34. (SIGNED)

35. (ADDRESS)

36. (REGISTRAR)

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
<td>Arteriosclerosis</td>
<td>Aug 6, 1936</td>
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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

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

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

| Other contributory causes of importance: | |
| Gallstones | 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. 3
   Length of residence in city or town where death occurred: 77 yrs., mos., days
   Age: 85 yrs., mos., days

2. FULL NAME: Amanda Wagner
   Residence: 516 Schriner Ave

   (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: Widowed
   6. DATE OF BIRTH (month, day, and year): Aug 30, 1858
   7. AGE: 77 yrs., 10 mos., 25 days

   8. Trade, profession, or particular kind of work done: Housewife
   9. Industry or business in which work was done: None
   10. Date deceased last worked at this occupation (month end year): None
   11. Total time spent in this occupation: None

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

   13. NAME: Amanda Wagner
   14. BIRTHPLACE (city or town): Cumberland
      (State or country): Maryland
   15. MAIDEN NAME: Elizabeth Wagner
   16. BIRTHPLACE (city or town): Cumberland
      (State or country): Maryland
   17. INFORMANT: Ann R. R. Wagner
      Address: Cumberland
   18. BURIAL, CREMATION, OR REMOVAL: Buried, Dec 19, 1936
      Place: Cumberland
      Date: Dec 19, 1936
   19. UNDERTAKER: E. W. S. Stein
      (Address): Cumberland
   20. FILED: July 28, 1936
      (Address): E. W. S. Stein

   MEDICAL CERTIFICATE OF DEATH

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

   22. I HEREBY CERTIFY that I attended deceased from
      Dec 15, 1935, to July 25, 1936
      The principal cause of death was: Aneurysm
      Other Contributory Causes of Importance:
      Carcinoma of stomach
      Name of operation: None
      Date of:
      What test confirmed diagnosis? None
      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: July 25, 1936
      Where did injury occur?: Cumberland
      Specify whether injury occurred in industry, in home, or in public place:
      Menher of Injury: None
      Nature of injury: None

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

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<td>Cerebral hemorrhage</td>
<td>Run over by street car</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>AUG 8 1936</td>
<td>3 days ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td></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
   Length of residence in city or town where death occurred 51 yrs. mos. ds.
   Registration Dist. No. 4
   No. 1123 Virginia Ave. St. 6-3 Ward
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. 1123 Virginia Ave. Ward.
   If U.S. Veteran, specify WAR
   Milla Emma Miller
   (Usual place of abode)
   If nonresident give city or town and State
   Howard Miller

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
   Female
   Married

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Aug. 19, 1879

7. AGE
   Years 54
   Months 10
   Days 8
   If LESS than 1 day, hrs. or. min.

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

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   St. 6-3

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

11. Total time (years) spent in this occupation

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

13. NAME
    Milla Emma Miller

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

15. MAIDEN NAME
    Walpole

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

17. INFORMANT
    Howard Miller
    1123 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Greenwood Law. Date: 7/19, 1936

19. UNDERTAKER
    Lynn Smith Corp.

20. FILED
    July 8, 1936

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
    July (Month) 7 (Day) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    June 12, 1936, to July 7, 1936
    Last saw him alive on July 7, 1936; death is said to have occurred on the date stated above at 2:00 p.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Cancer of liver

   Date of onset:

   Other Contributory Causes of importance:
   Malnutrition, Cancer of Breast
   Which were operated on:
   11/15, 1935

   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)

If more blanks are needed, address State Registrar, 2413 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<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><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>AUG 6 1936</strong></td>
<td><strong>July 5, 1927</strong></td>
</tr>
<tr>
<td><strong>BUREAU V. S.</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><strong>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: Cumberland
   Length of residence in city or town where death occurred: 83 yrs.

2. FULL NAME
   (a) Residence: No. 627 Oldtown Rd., 6-2 Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
6. If married, widowed, or divorced, HUSBAND of:  

7. DATE OF BIRTH (month, day, and year): Dec 25, 1852

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

9. OCCUPATION: 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): Cumberland, Ind.
   (State or country):  

13. NAME: Francis B. Kempe
14. BIRTHPLACE (city or town): Cumberland
   (State or country):  

15. MAIDEN NAME: Anna Dr. Schneering
16. BIRTHPLACE (city or town): Cumberland
   (State or country):  

17. INFORMANT: Michael B. Kempe
   (Address): Cumberland
18. BURIAL, CREMATION, OR REMOVAL:  
   Date: 7/27, 1936

19. UNDERTAKER: Geo. D. Smith
   (Address):  

20. FILED: July 27, 1936
   Address:  

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: July 24, 1936

22. I HEREBY CERTIFY: That I attended deceased from  
   [date and details of illness here]
   Last saw deceased: July 24, 1936
   Death is said to have occurred on the date stated above, at  
   [time]
   The principal cause of death and related causes of importance were as follows:

   [Signatures and details of certifying doctor(s) here]

Other Contributory Causes of importance:

[Signature and details here]

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

   Accident, suicide, or homicide?: [Yes or No]
   Date of injury?: [Date]
   Where did injury occur?: [Description]
   Specify whether injury occurred in industry, in home, or in public place:

   [Details here]

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

   [Yes or No]
   If so, specify:
   (Address):  
   (Signed):  
   M.D.:  

[Signature and details here]
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>APR 6 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 U. S.</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | Other contributory causes of importance:

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. Cumberland Hospital St. 14
   Ward:
   Length of residence in city or town where death occurred: 39 yrs., 11 mos., 11 ds.
   How long in U. S. if of foreign birth?: yrs., mos., ds.

2. FULL NAME
   James Ralph Williams
   Residence: No. 417 Race St., 6-2nd Ward.
   If U. S. Veteran, specify WAR:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   July 26, 1896

7. AGE
   Years: 39
   Months: 11
   Days: 11
   Total time spent in this occupation: 1920

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Occupations: Restaurant Keeper

9. OCCUPATION
   Restaurant Keeper

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    Date of onset of death: July 19

11. OTHER CONTRIBUTORY CAUSES OF DEATH
    cause of death: 77 yrs.

12. BIRTHPLACE
    City or town: Cumberland
    State or Country: Ind.

13. NAME
    Father: Henry Williams
    Mother: Ada Martin

14. BIRTHPLACE
    City or town: Cumberland
    State or Country: Ind.

15. MAIDEN NAME
    Ada Martin

17. INFORMANT
    Name: J. F. Williams
    Address: Cumberland

18. BURIAL, CREMATION, OR REMOVAL
    Place: Pennsylvania Cem. Date: 7/21, 1936

19. UNDERTAKER
    Name: J. F. Franklin
    Address: Cumberland

20. FILED
    Date: July 20, 1936

   Dr. J. F. Franklin, Registrar.

If more blanks are needed, address State Registrar, 2413 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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<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related</strong></td>
<td><strong>The principal cause of death and related</strong></td>
</tr>
<tr>
<td><strong>of importance were as follows:</strong></td>
<td><strong>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>RECEIVED</td>
<td>Date of onset</td>
</tr>
<tr>
<td>AUG 6 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>JULY 1, 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
## Certificate of Death

**State of Maryland**

**1. Place of Death**
- County: Allegany
- Village or City: Hagerstown
- Length of residence in city or town where death occurred: yrs. mos. ds.

**2. Full Name**
- First Name: Pearl
- Last Name: Halford
- Residence No.: St., Ward.

**Personal and Statistical Particulars**

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**3. Sex**
- Gender: Male

**4. Color or Race**
- None specified

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

**6. Date of Birth**
- July 10, 1936

**7. Age**
- Years: July 10, 1936
- Months: 0
- Days: 0

**8. Trade, Profession, or Particular Kind of Work Done**
- SPINNER, SAWYER, BOOKKEEPER, etc.

**9. Industry or Business in Which Work Was Done**
- Textile Mill, Saw Mill, Bank, etc.

**10. Date of Death**
- (Month): July
- (Day): 10
- (Year): 1936

**21. Date of Death**
- (Month): July
- (Day): 10
- (Year): 1936

**22. Medical Certificate of Death**
- Premature death
- Date of Onset: July 10, 1936

**23. Cause of Death**
- Premature

**24. Condition or Disease**
- Premature

**25. Contributory Causes of Importance**
- Premature

**26. Occupation**
- None specified

**27. Birthplace**
- City or town: Baltimore

**28. Place of Birth**
- State or country: Maryland

**29. Mother's Name**
- Name: Gertrude Beffa

**30. Father's Name**
- Name: Roy Kenneth Halford

**31. Informant**
- Address: S. Halford

**32. Burial, Cremation, or Removal**
- Place: Date: 1936

**33. Undertaker**
- Address: J. T. Lockwood

**34. Filed**
- Date: July 12, 1936

**35. Registrar**
- Signature: M. D.

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**Example I**

<table>
<thead>
<tr>
<th>Cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>RECEIVED 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>AUG 1 1936</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

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