STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County
   Village or City

2. FULL NAME
   (a) Residence No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   C.

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

6. DATE OF BIRTH
   April 9, 1936

7. AGE
   Years
   Months
   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. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

13. NAME
    Female

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
    Sept. 16, 1936

21. DATE OF DEATH
    Sept. 15, 1936

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

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

Register.
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, 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>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915 Oct 6</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>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male / Black

4. COLOR OR RACE
   Single

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

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

6. DATE OF BIRTH (month, day, and year)
   Sept. 16, 1936

7. AGE
   Years: 70
   Months: 5
   Days:
   IF LESS than 1 day, ______ hrs. or ______ min.

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

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

10. Date deceased last worked at this occupation (month and year)
    None

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

12. BIRTHPLACE (city or town)
    Sarasota, Florida

13. NAME
    Walter Barnes

14. BIRTHPLACE (city or town)
    Sarasota, Florida

15. MAIDEN NAME
    Catherine Bing

16. BIRTHPLACE (city or town)
    Sarasota, Florida

17. INFORMANT
    Catherine Bing

18. BURIAL, CREMATION, OR REMOVAL
    Place: Home from Jacksonville, Date: Sept. 16, 1936

19. UNDERTAKER
    Francis B. Brandon

20. FILED
    Sept. 16, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Sept. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from
    Sept. 16, 1936, to Sept. 16, 1936

I last saw him alive on Sept. 16, 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:

23. Disease, injury, or condition (Specify city or town, county, and State)
    None

24. Was death due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide? Yes
    Date of injury: 1936

25. Manner of injury
    None

26. Nature of injury
    None

27. Name of operation
    None

28. What test confirmed diagnosis? General death and there an autopsy?
    General death

29. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
    None

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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To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

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 St. Mary's
Village or City Palermers
Length of residence in city or town where death occurred 33 yrs. 1 mos. 11 ds.

2. FULL NAME

Joseph Dolley Blackiston
(a) Residence: No. Chevy Grove

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE
white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
single

6. DATE OF BIRTH (month, day, and year)
Aug. 11, 1903

7. AGE
Years 33
Months 1
Days 11

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

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) 9 - 36
11. Total time (years) spent in this occupation 10

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

13. NAME
Henry Thomas Blackiston

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

15. MAIDEN NAME
Mary Blackiston

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

17. INFORMANT
Mary Blackiston
(Address) Palermers

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart
Date 9 - 24 , 1936

19. UNDERTAKER
A. C. Welch
(Address) Chaptico, Md.

20. FILED
9 - 24 , 1936
R. V. Palmer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
9 (Month) 22 (Day) 1936 (Year)

22. I HEREBY CERTIFY. That I attended deceased from 9 - 20 , 1936, to 9 - 22 , 1936. I last saw him alive on 9 - 22 , 1936; death is said to have occurred on the date stated above, at 12:00 m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Acute alcoholism
aortic regurgitation

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 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) Robert V, Palmer
(Address) Avenue

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>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

Date of onset: 1915
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: St. Marys
   - Village or City: Bushwood, Md
   - Registration Dist. No.: 286

2. **FULL NAME**
   - Joseph Alonso Thomas
   - Occupation: (usual place of abode)

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Male
   - COLOR OR RACE: Calm
   - SING, MARRIED, WIDOWED, OR DIVORCED: Divorced
   - If married, widowed, or divorced: (or) Wife of

4. **DATE OF DEATH**
   - (Month): Sept
   - (Day): 29
   - (Year): 1936

5. **DATE OF BIRTH**
   - (Month): Aug
   - (Day): 15
   - (Year): 1916

6. **AGE**
   - Years: 20
   - Months: 10

7. **OCCUPATION**
   - Date deceased last worked at this occupation (month and year):

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

9. **NAME**
   - Father: James Kelly Thomas
   - Mother: Alcira Castrillo

10. **MAIDEN NAME**
    - Maryland

11. **INFORMANT**
    - Address: Bushwood, Md

12. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Sacred Heart
    - Date: Sept 29, 1936

13. **UNDERTAKER**
    - Address: Bushwood, Md

14. **FILED**
    - Date: Sept 29, 1936

**M.D.**

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

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

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: St. Mary
Village or City: Mechanicsville, MD
Length of residence in city or town where death occurred: yrs., mos., ds.

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female
4. COLOR OR RACE Colored
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 11, 1936
7. AGE 17

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

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

10. 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 Earnest Dodson
14. BIRTHPLACE (city or town) Maryland
15. MAIDEN NAME Nery Barnes
16. BIRTHPLACE (city or town) Mechanicsville, MD

17. INFORMANT Earnest Dodson
18. BURIAL, CREMATION, OR REMOVAL Place: St. Joseph, Date: Sept. 29, 1936

19. UNDERTAKER Earnest Dodson

20. FILED Sept. 28, 1936, Earnest Dodson, Registrar

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH Sept. 28, 1936

22. I HEREBY CERTIFY That I attended deceased from Sept. 11, 1936, to Sept. 28, 1936, and saw him alive on Sept. 24, 1936; 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:

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?...
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)...

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

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<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>OCT 6, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
</tr>
</tbody>
</table>

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

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

1. PLACE OF DEATH
   County: St. Mary's
   Village or City: Miles City
   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. or if foreign birth? yrs. __ mos. __ ds.

2. FULL NAME
   (a) Residence: No. ____________________________________________________________________________
      (Usual place of abode)
   ____________________________ St., __________ Ward.
      If not resident give city or town and State
   ____________________________

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   __ M __ F

4. COLOR OR RACE
   ____________________________

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

6. If married, widowed, or divorced
   HUSBAND of ____________________________ WIFE of ____________________________

7. DATE OF BIRTH (month, day, and year)
   6-1-1906

8. AGE
   Years __ Months __ Days __

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

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

11. Date deceased last worked at this occupation (month and year)
    12-30-1926

12. BIRTHPLACE (city or town)
    Mt. Airy
    (State or country) ____________________________

13. NAME
    ____________________________

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

15. MAIDEN NAME
    ____________________________

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

17. INFORMANT
    ____________________________
    (Address) ____________________________

18. BURIAL, CREMATION, OR REMOVAL
    Place: ____________________________________________________________________________
    Decedent Dead Date: ____________

19. UNDERTAKER
    ____________________________
    (Address) ____________________________

20. FILED ____________
    ____________
    ____________________________
    Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    ____________ ____________ ____________
    (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____________ ____________ to ____________ ____________ ____________
    I last saw him alive on ____________ ____________ ____________; death is said
    to have occurred on the date stated above, at ____________ ____________ ____________.

Theプリンカル CAUSE OF DEATH and related causes of importance
    were as follows:

Other Contributory Causes of importance:

Date of onset ____________

Name ofoperation ____________
What test confirmed diagnosis? ____________
Was there an autopsy? ____________

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

Manner of injury ____________
Nature of injury ____________

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

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

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

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, asphonia, 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>
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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>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: St. Mary
   - Village or City: Salisbury
   - Registration Dist. No.: 274
   - No. St., Ward: 36
   - 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**
   - If U.S. Veteran, specify WAR:
   - Residence: No. St., Ward.
   - (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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Black</td>
<td>Single</td>
</tr>
</tbody>
</table>

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

6. **DATE OF BIRTH** (month, day, year):
   - (Survived) 1891

7. **AGE**
   - Years: 50
   - Months: 11
   - Days: 25
   - Date last worked at this occupation (month end year):

8. **Trade, profession, or particular kind of work done**:
   - Spinner, Sawyer, Bookkeeper, etc.

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

10. **Date deceased last worked at this occupation**:

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

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

13. **NAME**
    - John Jackson

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

15. **MAIDEN NAME**
    - Laura Baker

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

17. **INFORMANT**
    - S. Jackson
    - Address: 301 West Main St.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Salisbury
    - Date: Sept. 26, 1956

19. **UNERTAKER**
    - E. R. Johnson
    - Address: 301 West Main St.

20. **FILED**
    - 9/26, 1956
    - Registrar:

21. **DATE OF DEATH**
    - (Month) 8
    - (Day) 25
    - (Year) 1956

22. **I HEREBY CERTIFY, That I attended deceased from**
    - Aug. 1, 1956, to Sept. 25, 1956
    - I last saw him alive on Sept. 25, 1956; death is said to have occurred on the date stated above, at 4:25 a.m.
    - The principal cause of death and related causes of importance were as follows:

**CHRONIC DEATH**

**Other Contributory Causes of importance**

23. **If death of injury are related to occupation of deceased?**
    - If so, specify:
    - (Signed) M. D.

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

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

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

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

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

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

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

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

1. PLACE OF DEATH
   County:
   Village or City: Pearson
   Length of residence in city or town where death occurred: 57 yrs 9 mos

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

   6. DATE OF BIRTH
   7. AGE

   8. TRADE, PROFESSION, OR PARTICULAR
      Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

   9. OCCUPATION

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

   11. TOTAL TIME (YEARS)
       SPENT IN THIS OCCUPATION

   12. BIRTHPLACE

   13. NAME

   14. BIRTHPLACE

   15. MAIDEN NAME

   16. BIRTHPLACE

   17. INFORMANT

   18. BURIAL, CREMATION, OR REMOVAL
       Place

   19. UNDERTAKER

   20. FILED

   21. DATE OF DEATH

   22. I HEREBY CERTIFY, That I attended deceased from
       (Month) 1936 to (Day) 1936
       (Year)
       I last saw him alive on (Month) 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:

       Other Contributory Causes of importance:

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

       Manner of injury
       Nature of injury
       Causes of injury

       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:

       (Address)

       (Signed)

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| | |
| | |
| | |
| | |
| | |
| | |
| | |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County:loi
   Registration Dist. No.: 28
   Village or City: leonardtown
   (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
   Nina Mills
   (a) Residence: No. 378, St., 2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   April 80

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

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   2nd
   (State or country)

13. NAME
   Race Baccus

14. BIRTHPLACE (city or town)
   2nd
   (State or country)

15. MAIDEN NAME
   Hard

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

17. INFORMANT
   Race Baccus
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Date
   Sept. 19

19. UNDERTAKER
   (Address)

20. FILED
   9/27/19
   Registrar

21. DATE OF DEATH
   (Month) 9
   (Day) 26
   (Year) 1930

22. I HEREBY CERTIFY: That I attended deceased from
   Aug. 8, 1930, to Aug. 8, 1930.
   I last saw deceased alive on Aug. 8, 1930.
   Death is said to have occurred on the date stated above, at
   a.m.

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

Name of operation

Date of

What test confirmed diagnosis?

Date of

Was there an autopsy? No

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

Manner of Injury

Nature of Injury

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

Registrar

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<tr>
<th>Date of onset</th>
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<tbody>
<tr>
<td>RECEIVED 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>OCT 2 1930</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
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<tr>
<td>May 1, 1923</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: St. Mary's
   Village or City: Seaford
   Registration Dist. No.: 2
   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
   (a) Residence: No.
   Name: James H. Raley
   (Usual place of abode)
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

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

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
    Father: Henry Raley

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

15. MAIDEN NAME
    Mary Coehaud Bumby

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

17. INFORMANT
    Address:
    Informant:

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

19. UNTERTAKER
    Address:

20. FILED
    Date:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   Month: Sept.
   Day: 16
   Year: 1936

22. I HEREBY CERTIFY that I attended deceased from
    Sept. 8, 1936, to Sept. 16, 1936. I last saw him alive on Sept. 16, 1936. I have death death to have occurred on the date stated above, on 7 a.m.

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

   Date of onset

   Other Contributory Causes of importance:

   Name of operation
   Date of
   Whether 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)

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

To be complete, an occupation return must state:

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

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

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

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

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---

Date of onset: 1915
Date of onset: 1 week ago
Date of onset: July 5, 1927
Date of onset: July 5, 1927
Other contributory causes of importance:
Gallstones
May 1, 1923
1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: St. Mary
Village or City: Leonardtown
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

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

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH
   (Month, day, and year)
   July 20, 1936

7. AGE
   Years: 2
   Months: 3
   Days: If LESS than 1 day, hrs. or min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   None

9. OCCUPATION
   None

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    (Month and year)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    None

12. BIRTHPLACE
    City: St. Mary
    State or Country: Md.

13. NAME
    Father: John B. Watson
    Mother: Addie Smith

14. BIRTHPLACE
    City: St. Mary
    State or Country: Md.

15. MAIDEN NAME
    Addie

16. BIRTHPLACE
    City: St. Mary
    State or Country: Md.

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: St. Joseph's
    Date: Sept 27, 1936

19. UNDERTAKER
    (Address)

20. FILED
    Sept 23, 1936

Registration Dist. No. 284

21. MEDICAL CERTIFICATE OF DEATH

   I HEREBY CERTIFY
   That I attended deceased from
   Sept 22, 1936, to Sept 27, 1936
   I last saw him alive on Sept 22, 1936; death is said
   to have occurred on the date stated above.
   The principal cause of death and related causes of importance
   were as follows:
   Acute - Gastric Emulsion
   Other Contributory Causes of importance:
   Premature Birth

   Name of operation
   Date of:
   What test confirmed diagnosis?
   Was there an autopsy?
   If death due to external cause (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?
   No

22. Date of death
   (Month) 23
   (Day) 1936

23. Cause of death
   Acute - Gastric Emulsion

24. Signature
   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, 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>Arteriosclerosis</td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td><strong>RECEIVED</strong></td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td><strong>Oct 9, 1926</strong></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td><strong>July 5, 1927</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td><strong>May 1, 1923</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td>Attack of epilepsy</td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Peritonitis</td>
<td><strong>3 days ago</strong></td>
</tr>
<tr>
<td>Gastroenteritis</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: St. Marys

Village or City: Ridge

Length of residence in city or town where death occurred: le., mos., yrs., how long in U.S. if of foreign birth: yrs., mos., ds.

2. FULL NAME: Infant Whiteman

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Black

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

6. DATE OF DEATH (month, day, and year): Sept 23, 1936

7. AGE: Years, Months, 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): Ridge

(State or country)

13. NAME: James A. White

14. BIRTHPLACE (city or town): Baltimore

(State or country)

15. MAIDEN NAME: Mary A. Bryan

16. BIRTHPLACE (city or town): Baltimore

(State or country)

17. INFORMANT: Mary A. White

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Off Spring Hill, Date Sept 23, 1936

19. UNDERTAKER: James A. White

(Address)

20. FILED: Sept 23, 1936

21. DATE OF DEATH: Sept 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1936, to Sept 23, 1936, and death occurred on the date stated above, at 12 P.M.

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

Premature birth (Placenta previa)

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): M. D.

Reg. Registrar

If more blanks are needed, address State Registrar, 2431 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<th>Date of Onset</th>
<th>Other Contributory Causes of Importance</th>
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<tbody>
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<td>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td></td>
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<tr>
<td>Cerebral hemorrhage</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>
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</table>

Example II

<table>
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<th>Cause of Death</th>
<th>Date of Onset</th>
<th>Other Contributory Causes of Importance</th>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN