STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Glen Burnie
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Personal and Statistical Particulars
   (a) Residence: No. 39, Annapolis Bluff Rd. 3rd Ave. St.
   Occupation: Engineer

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

6. DATE OF DEATH
   (Month) (Day) (Year): Oct. 1, 1936

7. AGE (month, day, and year): 76

8. OCCUPATION: Engineer

9. PLACE OF DEATH (city or town, State or country): Glen Burnie, Maryland

10. MOTHER'S NAME: Unknown
11. MOTHER'S BIRTHPLACE (city or town, State or country): England

12. MEDICAL CERTIFICATE OF DEATH
   I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1934 to Sept. 20, 1936.
   I saw him alive on Sept. 20, 1936; death is said to have occurred on the date stated above, at 5:30 P.M.
   The principal cause of death and related causes of importance were as follows:
   Myocardial Infarction, 1934.
   Other Contributory Causes of Importance:
   Secondary Anaemia, 1933.

13. UNDERTAKER: J. H. Cole, Sons
14. DATE OF BURIAL, CREMATION, OR REMOVAL: Oct. 2, 1936

15. FILED: Oct. 2, 1936

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>
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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>
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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>July 5, 1927</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: Anne Arundel
Village or City: Crownsville State Hospital
(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. 3 mos. 6 days. How long in U.S. if of foreign birth? yrs. mos. days.

2. FULL NAME: Louise Baynard

(a) Residence: No. Denton, Caroline County, State of Maryland
(Usual place of abode)
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: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

If married, widowed, or divorced
HUSBAND_or_WIFE_of: Unknown

6. DATE OF BIRTH (month, day, and year): 1870/1884
7. AGE: 52 Years 66 Months Unknown

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

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

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: Tom Armstrong
14. BIRTHPLACE (city or town): Maryland

15. MAIDEN NAME: Emiline (Unknown)
16. BIRTHPLACE (city or town): Maryland

17. INFORMANT (Address): Hospital Records, Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place: Hospital
Date: 9/29/1936

19. UNDERTAKER (Address): 

20. FILED: 9/29/1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 23rd (Month) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 22nd 1936 to Oct. 23rd 1936

I last saw deceased alive on Oct. 23rd, 1936, death is said to have occurred on the date stated above, at 11:15 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General arteriosclerosis

Other Contributory Causes of importance:

Moderate hypertension with beginning cardiac decompensation

Senility

Nema of operation: Date of: 

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

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

Accident, suicide, or homicide?: Date of Injury: 
Where did injury occur?: (Specify city or town, county and State): 

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

Manner of Injury:

Nature of Injury:

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

(Signed) M.D.

Crownsville, Maryland

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

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

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

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

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

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<td>Attack of epilepsy</td>
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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><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>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th><strong>Example I</strong></th>
<th><strong>Example II</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

**LETTER filed 11/23/36 under Dr. WINTERODE changing age and birth year; exact date of birth of deceased UNKNOWN. - L.**
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

**1. PLACE OF DEATH**
- County: ____________
- Village or City: Scabbard
- Registration Dist. No.: ____________
- No. St.: ____________ Ward: ____________
- Length of residence in city or town where death occurred: yrs. ____________ mos. ____________ ds.
- How long in U.S. if of foreign birth: yrs. ____________ mos. ____________ ds.

**2. FULL NAME**
- Residence: No. St. ____________ Ward: ____________
- If U.S. Veteran, specify WAR: ____________
- (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>Male</td>
<td>Black</td>
<td>Married</td>
</tr>
</tbody>
</table>

- If married, widowed, or divorced:
  - HUSBAND of ____________ Wife of ____________
- Date of marriage: ____________
- Date of death: ____________

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 9-36</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 27</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>9. Industry or business in which work was done: as SILK MILL, SAW MILL, BANK, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scabbard</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
<th>14. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trumpey</td>
<td>Williams</td>
</tr>
<tr>
<td>Belt</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. MAIDEN NAME</th>
<th>16. BIRTHPLACE (city or town) (State or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>O'Neal</td>
<td></td>
</tr>
<tr>
<td>Scabbard</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. INFORMANT</th>
<th>18. BURIAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe Belt</td>
<td>Chas. ____________ Date Oct 8, 1936</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. UNDERTAKER</th>
<th>20. FILED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Williams</td>
<td>Date Dec 6, 1936</td>
</tr>
</tbody>
</table>

**MEDICAL CERTIFICATE OF DEATH**

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 9-36</td>
</tr>
</tbody>
</table>

| 22. I HEREBY CERTIFY that I attended deceased from ____________ to ____________.
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Month, day, year)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

| 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, town, county and State: Specify whether Injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE: |
| Manner of Injury: Nature of Injury: |

<table>
<thead>
<tr>
<th>24. Was disease or injury in any way related to occupation of deceased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If so, specify:</td>
</tr>
</tbody>
</table>

**Other Contributory Causes of Importance:**

- Marasmus

Name of operation: Date of: _

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, requesting "U."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<th>Date of onset</th>
<th>Example 2</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>
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<tr>
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<td>July 5, 1927</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Margate
   Registration Dist. No.: 28
   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: 6 yrs. 1 mos.

2. FULL NAME
   (a) Residence: No. Margate, Ind. Brooklyn N. Y. P. O.
   Husband of: Hazel Enzy Bennett
   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)
   Jan 23, 1896

7. AGE
   Years: 40
   Months: 10
   Days: 5

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

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)
    1937

11. Total time (in years) spent in this occupation
    6

12. BIRTHPLACE (city and town)
    Washington, D.C.

13. NAME
    Edward C. Bennett

14. BIRTHPLACE (city and town)
    Warren Co., Ky.

15. MAIDEN NAME
    Martha A. Stewart

16. BIRTHPLACE (city and town)
    Charles Co., Ky.

17. INFORMANT
    Hazel Bennett

18. BURIAL, CREMATION, OR REMOVAL
    Address: (If death occurred in a hospital or institution, give its NAME instead of street and number)

19. UNDERTAKER
    (Address)

20. FILED
    Oct 28, 1937

21. DATE OF DEATH
    October 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from

   Declared him dead 10-28-37. Death is said
   to have occurred on the date stated above, et. 11-17-37.

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

   Heart failure

   Other contributory causes of importance:
   Chronic Myocarditis

   Name of operation: None
   Date of:
   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: 19
   Where did injury occur? (Specify city and town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE

   Nature of injury
   Menne of injury

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify (Signature)
    Walter S. Jones, M. D.
    Address: 2325 E. James
    Blaine, Minnesota

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>NOV 5 1926</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
PLACE OF DEATH
County: Annapolis.
Village or City: Severna Park.

FULL NAME: Alice Virginia Bourke.

PERSONAL AND STATISTICAL PARTICULARS
SEX: Female
COLOR OR RACE: White
MARRIED

DATE OF BIRTH
Month: May
Day: 27
Year: 1862
AGE: 74 yrs. 4 mos. 8 ds.

OCCUPATION
(a) Trade, profession or particular kind of work: At home.
(b) General nature of industry, business, or establishment in which employed: (Employer).

BIRTHPLACE
State or country: Anne Arundel Co., Md.

NAME OF FATHER: Thomas Bourke.

BIRTHPLACE OF FATHER
State or country: Anne Arundel Co., Md.

MAIDEN NAME OF MOTHER: Elizabeth Limited.

BIRTHPLACE OF MOTHER
State or country: Anne Arundel Co., Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant: Henry Bassett.
Address: Severna Pl., Mo.

DATE OF DEATH
Month: Oct.
Day: 5
Year: 1936

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH: Oct. 5, 1936
DATE OF BIRTH: May 27, 1862
SEX: Female
COLOR OR RACE: White
MARRIED

OCCUPATION
(a) Trade, profession or particular kind of work: At home.
(b) General nature of industry, business, or establishment in which employed: (Employer).

BIRTHPLACE
State or country: Anne Arundel Co., Md.

NAME OF FATHER: Thomas Bourke.

BIRTHPLACE OF FATHER
State or country: Anne Arundel Co., Md.

MAIDEN NAME OF MOTHER: Elizabeth Limited.

BIRTHPLACE OF MOTHER
State or country: Anne Arundel Co., Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant: Henry Bassett.
Address: Severna Pl., Mo.

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No.: 21
State: Maryland
Ward: (If death occurred in a hospital or institution, give its name instead of street and number.)

16 DATE OF DEATH
(Month) 5
(Day) 1936
(Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan. 1936 to Oct. 5, 1936
that I last saw her alive on Oct. 4, 1936
and that death occurred on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH was as follows:
Chronic Myocarditis

(Duration) 2 yrs.

Contributory Secondary
Chronic Arthritis Rheumatic

(Duration) 2 yrs.

STATE to the Disease, Causing Death, or, in deaths from
Violent Cause, state: (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homoeofidal.

18 LENGTH OF RESIDENCE
(For Hospitals, Institutions, Transients or Recent Residents)
At place of death: yrs. mos. ds.
State: yrs. mos. ds.

19 PLACE OF BURIAL OR REMOVAL
Date of Burial: Oct. 7, 1936

20 UNDERTAKER
Address

If more blank lines are needed, address State Registrar, 16 W. Saratoga St., Baltimore, Requesting V. S. No. 1.
Statement of Occupation

Discovered by U.S. Census and American Public
Revised United States Standard
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Anne Arundel
Village or City: Crownsville State Hospital

2. FULL NAME
Louise Bowser,
(a) Residence: No. 534 Greenwillow St., Baltimore, Maryland

PERSONAL AND STATISTICAL PARTICULARS
3. SEX female
4. COLOR OR RACE black
5a. If married, widowed, or divorced
HUSBAND of
WIFE of

6. DATE OF BIRTH (month, day, and year) 1883
7. AGE 53 Unknown

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

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

10. Date deceased first 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 Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT
Hospital Records
Address: Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER
Francis A. Sweeney
Address: 578 of Middle Mkt

20. FILED Oct 27, 1936

21. DATE OF DEATH
October 20th, 1936

22. HEREBY CERTIFY
I hereby certify that I attended deceased from June 15th, 1936, to October 20th, 1936
I last saw deceased alive on October 20th, 1936; death occurred on that date stated above, at 3:40 P.M.

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

Other Contributory Causes of Importance:
General debility

Medical Certificate of Death

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

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

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

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

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

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></td>
<td>1 week ago</td>
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<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
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<td>Gallstones</td>
<td>Gastroenteritis</td>
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<tr>
<td></td>
<td>1 year</td>
</tr>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Crownsville State Hospital
   Length of residence in city or town where death occurred: 4 yrs. 8 mos. 12 ds.

2. FULL NAME
   (Hemsley)
   Charles Campbell
   (a) Residence: No. 537 Dolphin Street, Baltimore, Maryland

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 BIRTH (month, day, and year)
   1878 (?)

7. AGE
   Years: 58 (?)
   Months: ———
   Days: ———

8. OCCUPATION
   Porter

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, EX: SPINNER, SAWYER, BOOKKEEPER, ETC...
   ———

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

11. TOTAL TIME SPENT IN THIS OCCUPATION (YEARS AND MONTHS)
    ———

12. BIRTHPLACE (CITY OR TOWN)
    Maryland

13. NAME
    William Campbell

14. BIRTHPLACE (CITY OR TOWN)
    Maryland

15. MAIDEN NAME
    Harriet Kahn

16. BIRTHPLACE (CITY OR TOWN)
    Maryland

17. INFORMANT
    Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
    Placed at Mt. Aurburn Cemetery 1/2 1936

19. UNDERTAKER
    Mrs. Katie L. Williams

20. FILED
    10 30 1936

21. DATE OF DEATH
    October 29th

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18th, 1932, to Oct. 29th, 1936; death is said to have occurred on the date stated above, et. 11 P.M., the principal cause of death and related causes of importance were as follows:

   POST OPERATIVE SHOCK DUE TO INTESTINAL OBSTRUCTION

   Date of onset

   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   PARTIALLY KINKED MESENTERY AND GUT THROUGH AN UMBILICAL HERNIA

   Name of operation:
   Intestinal obstruction 10/28 1936

   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.
   ———

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   IF SO, SPECIFY
   (ADDRESS)
   Crownsville, Maryland

M.D.

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

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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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><strong>_ATTACK of epilepsy</strong></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><a href="#">RECEIVED</a></td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td><a href="#">NOV 5 1936</a></td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td><a href="#">SURREAU V. S.</a></td>
<td>Date of onset: 3 days ago</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County...... Anne Arundel
   Village or City...... Crownsville State Hospital
   Length of residence in city or town where death occurred...... 4 yrs. 2 mos. 3 ds.

2. FULL NAME...... Frederick Carroll, Jr.
   Residence...... 121 West 22nd St., Baltimore, Maryland
   U.S. Veteran...... World War

3. SEX...... male
   COLOR OR RACE...... black
   MARRIED...... Married

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

6. DATE OF BIRTH...... 1892
   AGE...... Years 44
           Months Unknown
           Days
   IF LESS than 1 day,...... hrs.
           or...... min.

OCCUPATION...... Laborer

8. Trade, profession, or particular kind of work done, as SPINNER, SAJER, 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...... Maryland
   (State or country)

13. NAME...... Red Carroll
   MOTHER......
   FATHER......

14. BIRTHPLACE...... Maryland
   (State or country)

15. MAIDEN NAME...... Freddie (Unknown)
   MOTHER......
   FATHER......

17. INFORMANT......
   Address......
   Occupation......

18. BURIAL, CREMATION, OR REMOVAM......
   Place......
   Date......

19. UNDERTAKER......
   Address......
   Place......

20. FILED......
   Registr.......

DATE OF DEATH...... October 14th
   (Month)...... 1936
   (Day)......
   (Year)

22. I HEREBY CERTIFY, that I attended deceased from August 17th......
   to Oct. 14th......
   I last saw him......
   alive on......
   October 14th......
   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 spinal syphilis

Other Contributory Causes of importance:
   Cystitis

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.

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

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

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<td>Date of onset 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>OCT 21 1906</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>Run over by street car</td>
</tr>
<tr>
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<td>1 week ago</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
# STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH
- **County:** Anne Arundel
- **City:** Annapolis
- **Emergency Hospital:**
- **Street:** St.
- **Ward:** 2

### Length of residence in city or town where death occurred:
- **Length:** life
- **Months:**
- **Days:**

## 2. FULL NAME
**WILLIAM CARROLL**
- **Address:** Holland St., 1

## 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>male</td>
<td>white</td>
<td>single</td>
</tr>
</tbody>
</table>

### 5a. If married, widowed, or divorced:
- **Husband or Wife of:**

### 6. DATE OF BIRTH (month, day, and year)
- **Aug. 10, 1853**
- **Annapolis**

### 7. AGE
- **Years:** 83
- **Months:** 1
- **Days:** 23

### 8. OCCUPATION
- **Waterman (retired)**

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH
- **October 3, 1936**

### 22. HEREBY CERTIFY
- **I attended deceased from Oct. 2, 1936, to Oct. 3, 1936.**
- **I last saw him alive on Oct. 3, 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:
- **Lobar Pneumonia**

### Other Contributory Causes of Importance:
- **Antony Delorier**

### Name of operation
- **Lobar Pneumonia**

### What test confirmed diagnosis?
- **Autopsy?**

### 23. If death was due to external causes (VIOLANCE) fill in also the following:
- **Accident, suicide, or homicide?**
- **Data 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)**
- **Oliver M. Taylor**

---

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

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</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>NOV 5, 1936</td>
<td>3 days ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Anson Arundel
   - Village or City: Eastport
   - Registration Dist. No.: 11
   - No.: 85 Chesapeake St., Ward

2. **FULL NAME**
   - (a) Residence: No. 85 Chesapeake St., Ward
   - (usual place of abode)
   - Full Name: John Wesley Cole

   **PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: May
   - Day: 31
   - Year: 1867

7. **AGE**
   - Years: 69
   - Months: 4
   - Days: 3

8. **OCCUPATION**
   - Description: Retired

9. **BIRTHPLACE**
   - City or town: 10th Co.
   - State or country: Md.

10. **MOTHER**
    - Name: Eliza Ann Coulter
    - Birthplace: Maryland

11. **FATHER**
    - Name: William Wesley Cole
    - Birthplace: Maryland

12. **DATE OF DEATH**
    - Month: Oct
    - Day: 3
    - Year: 1936

13. **MEDICAL CERTIFICATE OF DEATH**
    - I hereby certify that I attended deceased from May 31, 1936, to Oct 3, 1936.
    - Date of birth: May 31, 1867
    - Date of death: Oct 3, 1936
    - Place of death: Eastport, Md.
    - Occupation: Retired
    - Cause of death: Hypertension
    - Other contributing causes of importance: Arteriosclerosis

14. **INFORMANT**
    - Name: Edna Whitworth
    - Address: Eastport, Md.

15. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Arnolds, Md.
    - Date: Oct 6, 1936

16. **UNDERTAKER**
    - Name: John H. Sawyer
    - Address: Annapolis, Md.

17. **FILED**
    - Date: Oct 5, 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.

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>
<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>November 5, 1936</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td></td>
<td><strong>Other contributory causes of importance:</strong></td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

---

**Example II**

---

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

1. PLACE OF DEATH
County
Anne Arundel
Village or City
Brooklyn Ind.
Registration Dist. No.
23
No. of Point Pleasant
St.
Ward

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

Abraham Conrad
St.
Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male

4. COLOR OR RACE
White

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

If married, widowed, or divorced HUSBAND of
or WIFE of
 Lena Biller Conrad

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

7. AGE (Years, Months, Days)
63

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

Homestead

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

Homestead

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

Homestead

11. Total time (years) spent in this occupation

Homestead

12. BIRTHPLACE (city or town) (State or country)
Heidelberg, Germany

13. NAME
Abraham Conrad

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

15. MAIDEN NAME

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

17. INFORMANT (Address)
Benjamin Zerubavel, 207 Williams Ave.

18. BURIAL, CREMATION, OR REMOVAL Place
Date

19. UNEARTKER (Address)

20. FILED Oct. 8, 1936 M.R. Starea

21. DATE OF DEATH
October 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him dead 10-7-36 death is said to have occurred on the date stated above, at 1035 p.m.
The principal cause of death and related causes of importance were as follows:
Cancer of stomach

Other Contributory Causes of importance:
Arteriosclerosis

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

Nature of injury

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

If so, specify

25. SIGNATURE

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

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>1915</td>
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<td>1 week ago</td>
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<td>1921</td>
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<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: Gastroenteritis</td>
<td>May 1, 1925</td>
<td>Other contributory causes of importance:</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**Example II**

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Other contributory causes of importance: Gastroenteritis | 1 year

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Annapolis
   No. Emergency Hospital: 47 Washington
   St., 4th Ward.
   Length of residence in city or town where death occurred: 51 yrs. 0 mos. 0 days.

2. FULL NAME: Herbert Booker
   (a) Residence: No. 85 Balvern St., 4th Ward.

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

6. DATE OF BIRTH (month, day, and year): 1885
7. AGE: 51

8. TRADE, PROFESSION, OR PROFESSIONAL KIND OF WORK DONE: Laborer
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Silk Mill, Saw Mill, Bank, etc.
10. Date deceased left work: May 1936
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town): Annapolis
   (State or country): Maryland
13. NAME: Philip Cooper
14. BIRTHPLACE (city or town): Port Deposit
   (State or country): Maryland
15. MAIDEN NAME: Annis (unknown)
16. BIRTHPLACE (city or town): Port Deposit
   (State or country): Maryland
17. INFORMANT (Address): Mrs. Roda Wilson
18. BURIAL, CREMATION, OR REMOVAL: Brewster Hill, Date: 12-19-36
19. UNDERTAKER (Address): E. T. B. Parker
20. FILED: 10-10-19

21. DATE OF DEATH: October 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936, to Oct 8, 1936, last seen h. m. alive on Oct 8, 1936; death is said to have occurred on the date stated above, at 4:20 P.M.

   The principal cause of death and related causes of importance were as follows:
   (1) Cancer, Carcinoma, Squamous Cell
   I certify that the above was the cause of death.

   Other Contributory Causes of Importance:

   Name of operation: Radical Mucilagenous Date of: July 29, 1936
   What test confirmed diagnosis? Pathologist: Yes there was an autopsy?

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide? Date of injury: 9
   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. Robert S. S. Welch M.D.
   (Address) 86 State Circle, Annapolis, Md.

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<td>July 5, 1927</td>
<td>Nov 5 1928</td>
</tr>
<tr>
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</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County. Anne Arundel
   Village or City. Waterbury
   Length of residence in city or town where death occurred. yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M

4. COLOR OR RACE
   White

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

5a. If married, widow of
   Husband of
   Reena Cox

6. DATE OF BIRTH (month, day, and year)
   Unknown. 1869

7. AGE
   Years 67
   Months
   Days
   If less than 1 day. hrs.
   or. min.

8. TRADE, profession, or occupation
   Carpenter

9. Industry or business in which work was done
   Silk Mill

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

11. Total time (years) spent in this occupation

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

13. NAME
   Sylvester Cox

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

15. MOTHER NAME
   Rebecca White

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

17. INFORMANT
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Type. Cremation
   Place. Holston Crematorium
   Date. 11 / 22 / 36

19. UNDERTAKER
   (Address)

20. FILED
   (Address)
   1 / 2 / 36

REGISTRATION DIST. No. 21

M.D.}

If more blanks are needed, address State Registrar, 211 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
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</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>DEC 5 1926</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Shady Side

2. FULL NAME: Stillborn (Thompson) Crowner
   (a) Residence: No. (Usual place of abode)
   Registration Dist. No.: 26

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):
   If married, widowed, or divorced
   HUSBAND of
   (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct. 23, 1936
7. AGE: Years, Months, Days
   If LESS than 1 year, write the word
   or...

OCCUPATION

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): Shady Side
    (State or country): Md.

13. NAME: Ben Crowner
14. BIRTHPLACE (city or town): Shady Side
    (State or country): Md.
15. Maiden Name: Evaline Thompson
16. BIRTHPLACE (city or town): Shady Side
    (State or country): Md.

17. INFORMANT: Kate Longower
    (Address): Shady Side
18. BURIAL, CREMATION, OR REMOVAL
    Place: Shady Side
    Date: Oct. 23, 1936

19. UNDERTAKER: Ben Crowner
    (Address): Shady Side
20. FILED: Dec. 14, 1936

REGISTRAR: J. B. P. (Signature: W. Croushtown)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month): Oct.
    (Day): 23
    (Year): 1936

22. I HEREBY CERTIFY, That I attended deceased from...
    (Month): 19...
    (Day): 19...

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

   Manner of injury
   Nature of injury

24. If so, specify
   (Signed): J. B. P. (Reg. No.)
   (Address): W. Croushtown

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Shady Side
   Registration Dist. No. 26
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Mary Frances Bowers
   (a) Residence: No. Shady Side
   (a) Residence: St., Ward.
   If U.S. Veteran, specify WAR:

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX: Female
   4. COLOR OR RACE: Colored
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: MARRIED
   6. DATE OF BIRTH: April 17, 1882
   7. AGE: 57 yrs. 1 mos. 28 days

   OCCUPATION

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

   10. Date deceased last worked at this occupation (Month and year): Oct. 16, 1930

   12. BIRTHPLACE (City or town): Lothian, Md.
   (State or country)

   13. NAME: Mrs. J. B. Susan
   14. BIRTHPLACE (City or town): Cleveland
   (State or country)

   15. MAIDEN NAME: Mary F. Sime
   16. BIRTHPLACE (City or town): Lothian
   (State or country)

   17. INFORMANT (Address): James Bowers
   18. BURIAL, CREMATION, OR REMOVAL: Lothian
   Date: Oct. 16, 1930


   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: Oct 15, 1936

   I HEREBY CERTIFY that I examined deceased from Sept. 19, 1936, to Oct. 15, 1936. I certify that she died on Oct. 15, 1936, at 11 A.M. The principal cause of death and related causes of importance were as follows:

   Cancerous Tumor of Abdomen 1934

   Other Contributory Causes of Importance:

   Neme 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: 19, 19:
   Where did injury occur? (Specify city or town, county and State):
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

   Menner of Injury:
   Nature of Injury:

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

   (Signed) J. B. Russell, M.D.

   Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting F. 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 6, 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>
<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: Anne Arundel
   - Village or City: Annapolis
   - Registration Dist. No.: 21
   - No.: 10 Munroe Court

2. **FULL NAME**: ALICE ANN CRUTCHLEY
   - Residence: No. 10 Munroe Court

**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): May 29, 1860
7. **AGE**: 76 yrs.
   - Months: 4
   - Days: 14
   - If LESS than 1 day, hrs. or. min.: none

8. **OCCUPATION**: none
9. **DATE deceased last worked at this occupation (month end year)**
10. **Total time (years) spent in this occupation**: none

12. **BIRTHPLACE** (city or town): A. A. County Maryland
    - (State or country)
13. **NAME**: Thomas Sears
14. **BIRTHPLACE** (city or town): Maryland
    - (State or country)
15. **MAIDEN NAME**: Elinor Armiger
16. **BIRTHPLACE** (city or town): Maryland
    - (State or country)
17. **INFORMANT** (Address): Mrs. Ruth Feldmeyer
    - Annapolis, Md.
18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Cedar Bluff Cemetery
    - Date: Oct. 16, 1936

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - (Month) Oct. 13
    - (Day) 1936
    - (Year)

22. **I HEREBY CERTIFY** that I attended deceased from Oct. 7, 1936, to Oct. 13, 1936, deceased was alive on Oct. 7, 1936, death is said to have occurred on the date stated above, at 10 A.M.

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

   [Handwritten note: Myocardial Infarction]

   Date of onset:

   Other Contributory Causes of Importance:
   - Bronchial Emphysema
   - Senile arteriosclerosis
   - Malignancy

   Name of operation:
   - [Blank]
   - Date of:

   What test confirmed diagnosis? Clinical
   - [Blank]
   - Was there an autopsy? Yes

23. **If death was due to external causes (VIOLENCE)** fill in also the following:
   - Accident, suicide, or homicide?
   - Date of Injury: Oct. 13, 1936
   - Where did Injury occur? (Specify city or town, county and State)
     - [Blank]
   - Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

   Manner of Injury:
   - [Blank]

   Nature of Injury:
   - [Blank]

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

 If so, specify
   - (Signed)
   - (Address)

If more blanks are needed, address State Registrar, 2421 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 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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</tr>
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<tr>
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</tr>
<tr>
<td>Gallstones</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: Anne Arundel
   Village or City: West Annapolis
   Length of residence in city or town where death occurred: yrs. 1 mos. 13 ds.

2. FULL NAME
   ROBERT MCGREGOR DENHAM
   (a) Residence: No. West Annapolis, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

6. DATE OF BIRTH: Sept. 3, 1936

7. AGE: Years: 73 Months: 1 Days: 16 If LESS than 1 day, hours.

OCCUPATION: none

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 (years) spent in this occupation: none

12. BIRTHPLACE: Annapolis, Maryland
13. NAME: Walter S. Denham
14. FATHER: Walter S. Denham
15. MAIDEN NAME: Elizabeth Dunn
17. INFORMANT: Mrs. Walter Denham
19. UNDERTAKER: John M. Taylor, Annapolis, Md.
20. FILED: Sept. 19, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: October 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19, 1936, to 19, 1936; death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

   Thymus Enlargement

23. If death was due to external causes (violation) fill in also the following:
   Date of injury: 19, 1936
   Nature of injury: none
   Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased?
   (Specify): none

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

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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>NOV 5 1936</td>
<td></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones

Other contributory causes of importance:

Gastroenteritis

Date of onset: 1915

Date of onset: 1 week ago

Date of onset: May 1, 1923

Date of onset: 1 year
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. PLACE OF DEATH
   - County: Anne Arundel
   - Village or City: Saltsville
   - Length of residence in city or town where death occurred: 59 yrs. mos.
   - Registration Dist. No.: 20

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

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. SEX Male</td>
<td>21. DATE OF DEATH October 25, 1934</td>
</tr>
<tr>
<td>4. COLOR OR RACE White</td>
<td></td>
</tr>
<tr>
<td>5. If married, widowed, or divorced</td>
<td></td>
</tr>
<tr>
<td>HUSBAND OF (or) WIFE OF Jda Woodfield</td>
<td></td>
</tr>
<tr>
<td>6. DATE OF BIRTH (month, day, and year) 1877 Aug 26</td>
<td></td>
</tr>
<tr>
<td>7. AGE 59</td>
<td>22. I HEREBY CERTIFY, That I attended deceased from 1934 to 1936</td>
</tr>
<tr>
<td>8. TRADE, PROFESSION, OR PARTicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter</td>
<td></td>
</tr>
<tr>
<td>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</td>
<td></td>
</tr>
<tr>
<td>10. Date deceased last worked at this occupation (month end year)</td>
<td></td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation 29</td>
<td></td>
</tr>
<tr>
<td>12. BIRTHPLACE (city or town) Saltsville</td>
<td></td>
</tr>
<tr>
<td>13. NAME Wm. E. Diogen</td>
<td></td>
</tr>
<tr>
<td>14. BIRTHPLACE (city or town) (State or country) Preade, Tenn Co. Ind.</td>
<td></td>
</tr>
<tr>
<td>15. MAIDEN NAME Sophie E. Mauwell</td>
<td></td>
</tr>
<tr>
<td>16. BIRTHPLACE (city or town) (State or country) A.A Co., Ind.</td>
<td></td>
</tr>
<tr>
<td>17. INFORMANT Jda Diogen</td>
<td></td>
</tr>
<tr>
<td>18. BURIAL, CREMATION, OR REMOVAL Place Saltsville, Md Date Oct. 27, 1936</td>
<td></td>
</tr>
<tr>
<td>19. UNDERTAKER J.A. Hardyston</td>
<td></td>
</tr>
<tr>
<td>20. FILED 10/26/1936 W.R. Crayton</td>
<td></td>
</tr>
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</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>June 1, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones                                      Gastroenteritis
Date of onset: May 1, 1923                      Date of onset: 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Severn
   Registration Dist. No.: 22

2. FULL NAME
   (a) Residence: No. 12, Ward
   (b) If U.S. Veteran, specify WAR:

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male  
   COLOR OR RACE: Col
   MARITAL STATUS: Single, Widowed, or Divorced
   HUSBAND OF (or) WIFE OF:
   DATED AT:

4. PLACE OF BIRTH (month, day, year)
   MONTH: Oct.
   DAY: 19
   YEAR: 1936

5. AGE: 48 yrs. 9 mos. 16 days

6. DATE OF DEATH (month, day, year)
   MONTH: Oct.
   DAY: 19
   YEAR: 1936

7. OCCUPATION: Spinner

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. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION:

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

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

13. NAME:
   (FATHER):
   Wm. Elder

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

15. MAIDEN NAME:
   (STATE OR COUNTRY):

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

17. INFORMANT
   (Address):

18. BURIAL, CREMATION, OR REMOVAL
   PLACE:
   NICHOLS, MARYLAND
   DATE:
   OCT 17, 1936

19. UNDERTAKER
   (Address):
   C. White

20. FILED
   (ADDRESS):
   OCT 19, 1936

21. MEDICAL CERTIFICATE OF DEATH
   (Month) 10
   (Day) 19
   (Year) 1936

I HEREBY CERTIFY that I attended deceased from
Died at home.
On Dec. 3, 1935,
Died of heart failure.

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

Primary Cause: Cardiac disease.

Cause unknown.

Other Contributory Causes of Importance:

Consequence of disease:

Name of operation:

What test confirmed diagnosis?:

Was there an autopsy?:

Was death due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?:

Where did injury occur?:

Specify whether injury occurred in industry, in home, or in public place:

Manner of Injury:

Nature of Injury:

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

If so, specify:

(Signature):

Wm. Elder

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Request Form.

If date is not specified, death occurred 3 days after writing.

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. ds.

If nonresident give city or town and State.
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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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<tr>
<td>Peritonitis</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: Anne Arundel
   Village or City: Crownsville State Hospital
   Length of residence in city or town where death occurred: 1 yr. 14 mos. 14 ds.

2. FULL NAME: Irene English
   (a) Residence: No. 918 Edmondson Avenue, Baltimore, Maryland

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: female
4. COLOR OR RACE: black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: married
   HUSBAND/WIFE: Claude English

6. DATE OF BIRTH (month, day, and year): 1887
7. AGE: 49
8. OCCUPATION: Domestic

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

11. MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: October 1st
      (Month) 1936
      (Year)

   22. I HEREBY CERTIFY, That I attended deceased from August 18th to October 1st, 1936.

   23. I last saw her alive on October 1st, 1936.

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

   General toxemia
   Operation cause was: A large uterine fibroma.

   Other Contributory Causes of importance:
   Moderate hypertension
   Other superficial wound operation
   Panhysterectomy Date of: 9/8/36

   What test confirmed diagnosis? Was there an autopsy?

   24. Was death due to external causes (VIOLENCE) fill in also the following:

   Accident, suicide, or homicide? Date of Injury: 1936
   Where did injury occur? Specify city or town, county and State
   Nature of injury
   Manner of Injury

   25. If so, specify:

   (Signature) M. O. Registrar
   (Address) Crownsville, Maryland
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 “employe,” “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>

Other contributory causes of importance:

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gastroenteritis</th>
<th>1 year</th>
</tr>
</thead>
</table>

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

### 1. PLACE OF DEATH

- **County:** Anne Arundel
- **Village or City:** Annapolis
- **No. 415 Poplar Ave.,** 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

**ESTHER ELIZABETH ERICKSON**

- **Residence:** No. 415 Poplar Ave.
- **Usual place of abode:**
- **If nonresident 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>female</td>
<td>white</td>
<td>single</td>
</tr>
</tbody>
</table>

5a. [It married, widowed, or divorced] HUSBAND or WIFE of

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**

- **October 12, 1936**

22. **DATE OF BIRTH (month, day, and year):** Oct. 8, 1907

23. [I HEREBY CERTIFY:] That I attended deceased from...

24. [I last saw him/her alive on... to...]...

25. [Death is said to have occurred on the date stated above, at...]

26. [The principal cause of death and related causes of importance were as follows:]

#### Other Contributory Causes of importance:

- **Name of operation:**
- **Date of operation:**
- **Manner of operation:**
- **Date of injury:**
- **Nature of injury:**
- **Date of injury:**
- **Nature of injury:**

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

28. [Accident, suicide, or homicide:]

29. [Date of injury:]

30. [Where did injury occur:]

31. [Specify city or town, county and State:]

32. [Specify whether injury occurred in INDUSTRY, HOME, or PUBLIC PLACE:]

33. [In case of home:]

34. [Manner of injury:]

35. [Nature of injury:]

36. [Nature of injury:]

37. [If the injury occurred in an occupation of the deceased:]

38. [If so, specify:]

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

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

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  9.—The industry or business in which the work was done.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>RECEIVED</td>
<td>1915</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>1921</td>
<td></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>NOV 5 1920</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>[<strong>Mau V. S.</strong>]</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>May 1, 1920</td>
<td>1 year</td>
</tr>
<tr>
<td>3 days ago</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Anne Arundel
Village or City: Jessups
No. Maryland House of Correction
Ward
Length of residence in city or town where death occurred: 2 yrs. 4 mos. 11 ds.

2. FULL NAME: Clayton Frieson
(a) Residence: No. 18 West 20th Street, St., Ward. Balto., Md.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male

4. COLOR OR RACE
Colored

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

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

6. DATE OF BIRTH (month, day, and year)
March 15, 1906

7. AGE
Years 30

8. OCCUPATION
Janitor

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
South Carolina

13. NAME
Wesley Frieson

14. BIRTHPLACE (city or town)
Unknown

15. MAIDEN NAME
Missie Frieson

16. BIRTHPLACE (city or town)
Unknown

17. INFORMANT
Mary Ann Price, Mt.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cherry Hill
Date: Nov. 3, 1936

19. UNDERTAKER: Jessup's, Md.

20. FILED
No. 8, 1936
Registrar

21. DATE OF DEATH
October 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 25th, 1936, to October 31st, 1936. I last saw him alive on October 31, 1936. Death is said to have occurred on the date stated above, at 1:45 p.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Lobar pneumonia

Other Contributory Causes of Importance:

Circulatory Failure

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

Accident, suicide, or homicide? Date of injury?

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

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

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

If so, specify:

(Signed) E. WARD

If no, specify:

(Address) Jessup's, Maryland.
**UNITED STATES STANDARD CERTIFICATE OF DEATH**

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<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Odenton
   Village or City: Odenton
   No. St. Ward
   Length of residence in city or town where death occurred: 3 yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Stefflath
   (a) Residence: No. 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 exactly)

6. DATE OF BIRTH (month, day, and year)
   Oct 13, 1896

7. AGE
   Years: 60
   Months: 0
   Days: 0

8. OCCUPATION
   Spinner

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

10. Date deceased last worked at this occupation (month and year)
    Oct 13, 1936

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

12. BIRTHPLACE (city or town)
    Odenton, MD

13. NAME
    Geo H. Gentry

14. BIRTHPLACE (city or town)
    Odenton, MD

15. MAIDEN NAME
    Bette Freeman

16. BIRTHPLACE (city or town)
    Odenton, MD

17. INFORMANT
    Thomas W. Dugdale
    Address: Odenton, MD

18. BURIAL CREMATION OR REMOVAL
    Date: Oct 13, 1936

19. Undertaker
    Thomas W. Dugdale
    Address: Odenton, MD

20. FILED
    Oct 13, 1936

21. DATE OF DEATH
    Oct 13, 1936

22. HEREBY CERTIFY
    That I attended deceased from Oct 13, 1936, to Oct 13, 1936
    I last saw him alive on Oct 12, 1936; death is said to have occurred on the date stated above, at 10:30 A.M.

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
    Pneumonia

If more blanks are needed, address State Registrar, 2451 N. Charles Street, Baltimore, Requesting C. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</th>
<th>Date of onset</th>
<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</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>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gastroenteritis

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Annapolis
   Length of residence in city or town where death occurred: 9 yrs. mos. ds.

2. FULL NAME: George Penfold Godwin

3. PERSONAL AND STATISTICAL PARTICULARS
   Sex: Male
   Color or Race: white
   Single, Married, Widowed, or Divorced: Widowed
   Residence: No. 113 McKendree Ave.
   (Usual place of abode)

4. MEDICAL CERTIFICATE OF DEATH
   Date of Death: Oct. 29, 1936
   Cause of Death: Coronary Thrombosis, 1936

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

6. Date of Birth: August 29, 1861

7. Age: 74 yrs. 2 mos. 0 days

8. Occupation: Store Keeper at Penn. R.R.

9. Date deceased last worked at this occupation: Oct. 29, 1936

10. Total time spent in this occupation:


12. Mother: Mrs. James Scible

13. Father: Unknown


15. Maiden Name: Unknown


17. Informant: Mrs. James Scible


19. Undertaker: John M. Taylor

20. Filed: Oct. 20, 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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<table>
<thead>
<tr>
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<tr>
<td>Cerebral hemorrhage</td>
</tr>
<tr>
<td>Gallstones</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>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones | May 1, 1923
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Anne Arundel
   - Village or City: Ferndale
   - Registration Dist. No.: 23

2. **FULL NAME**
   - Stillbirth Baby Goodman
   - If U. S. Veteran, specify WAR: 

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: male
   - **COLOR OR RACE**: white
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**: Single
   - **DATE OF BIRTH** (month, day, and year): Oct. 19, 1936
   - **AGE** Years: -
   - **COLOR OR RACE**: -
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**: -
   - **DATE OF BIRTH** (month, day, and year): -
   - **AGE** Years: -
   - **COLOR OR RACE**: -
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**: -

4. **MEDICAL CERTIFICATE OF DEATH**
   - **DATE OF DEATH**
     - (Month): Oct.
     - (Day): 19
     - (Year): 1936
   - **I HEREBY CERTIFY**
     - That I attended deceased from — — — —
     - I last saw him/her alive on — — — —
     - Death was caused to have occurred on the date stated above, at — — — —
     - The principal cause of death and related causes of importance were as follows:
       - Stillbirth
     - Date of onset:

   **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
   - Name of operation:
   - Date of:
   - Was test confirmed diagnosis? Yes/No
   - Was there an autopsy? Yes/No

5. **OCCUPATION**
   - Details:

6. **BIRTHPLACE**
   - (City or town): Ferndale, Md.
   - (State or country):-

7. **NAME**
   - Rollin H. Goodman

8. **MOTHER NAME**
   - Isabelle Bierman

9. **FATHER NAME**
   -

10. **INFORMANT**
    - R. H. Goodman
    - (Address): Ferndale, Md.

11. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Western Cent. Balto.
    - Date: Oct. 20, 1936

12. **UNDERTAKER**
    - Harry Witske
    - (Address): Balto., Md.

13. **FILED**
    - Oct. 19, 1936
    - M. DeAlba, Dep. 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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Example I

| The principal cause of death and related causes of importance were as follows: |
|-----------------------------|-----------------------------|
| Arteriosclerosis            | Date of onset              |
| Chronic interstitial nephritis | 1921       |
| Cerebral hemorrhage        | July 5, 1927               |

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

Example II

| The principal cause of death and related causes of importance were as follows: |
|-----------------------------|-----------------------------|
| Attack of epilepsy         | Date of onset              |
| Run over by street car     | Dec 14, 1936               |
| Peritonitis                | 1 week ago                 |

Other contributory causes of importance:
- Gastroenteritis
  - Date of onset: 1 year
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Anne Arundel
   - Village or City: Greenwich

2. **FULL NAME**
   - Mary Alice Watkins Tstory

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Female
   - COLOR OR RACE: Negro
   -marital status: Single

4. **DATE OF DEATH**
   - Oct 3, 1936

5. **DATE OF BIRTH**
   - Feb 13, 1906

6. **AGE**
   - Years: 30
   - Months: 9
   - Days: 1

7. **OCCUPATION**
   - Occupation: Housewife

8. **BIRTHPLACE**
   - City or town: Mitchell, Md

9. **MOTHER**
   - Father: Erastus Watkins
   - Maiden name: Estelle Watkins

10. **INFORMANT**
    - James Watkins

11. **BURIAL**
    - Place: Acres Chapel
    - Date: Oct 4, 1936

12. **UNTERNE**
    - George Erasus

**MEDICAL CERTIFICATE OF DEATH**

- **DATE OF DEATH**
  - Oct 3, 1936

- **HE RECHERIF, That I attended deceased from**
  - Oct 1, 1936, to Oct 3, 1936

- **I last saw h. m. alive on**
  - Oct 1, 1936

- **The principal cause of death**
  - Malnutrition and malnutrition

- **Other contributory causes of death**
  - Congenital bypical

- **Name of operation**
  - Date of:

- **What test confirmed diagnosis?**
  - Was there an autopsy?

- **Accident, suicide, or homicide?**
  - Date of injury

- **Indicate where injury occurred**
  - (Specify city or town, county and State)

- **Manner of Injury**

- **Nature of Injury**

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

- **Signed**
  - M.D.

- **Filed**
  - Oct 4, 1936

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
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<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>
</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: [Name of County]
   Village or City: Pocomoke

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

2. FULL NAME
   (a) Residence: No. 3
      Usually place of abode: Pocomoke

3. SEX
   F

4. COLOR OR RACE
   C

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

6. DATE OF BIRTH (month, day, and year)
   Oct 19 36

7. AGE OF DECEASED
   Years: 19
   Months: 10
   Days: 19
   If LESS than 1 day, ___h. ___min.

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

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

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

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

12. BIRTHPLACE (city or town)
   State or country: [Blank]

13. NAME
   Father: [Name]

14. BIRTHPLACE (city or town)
    State or country: [Blank]

15. MAIDEN NAME
    [Name]

16. BIRTHPLACE (city or town)
    State or country: [Blank]

17. INFORMANT
    Address: [Blank]

18. BURIAL, CREMATION, OR REMOVAL
    Place: Stedman
    Date: Oct 30 1936

19. UNDERTAKER
    Address: [Blank]

20. FILED
    Date: 11 19 36

21. DATE OF DEATH
    (Month) 10
    (Day) 19
    (Year) 1936

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

23. If death was due to external causes (VIOLANCE) fill in also the following:
    Accident, suicide, or homicide: [Blank]
    Date of Injury: 19
    Where did injury occur?: [Blank]
    Specify whether injury occurred in INDUSTRY, HOME, or in PUBLIC PLACE.
    Manner of Injury: [Blank]
    Nature of Injury: [Blank]

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

Signature: [Signature]
M.D.: [Signature]

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**UNITED STATES STANDARD CERTIFICATE OF DEATH**

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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Nov 3 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
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</table>

| Other contributory causes of importance:       | Other contributory causes of importance:       |
| Gallstones                                     | Gastroenteritis                                |
| 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: Anne Arundel
   - Registration Dist. No.: 21
   - Village or City: Earleigh Hts.
   - No. St.: Ward
   - Length of residence in city or town where death occurred:

2. **FULL NAME**
   - Original Name: ethan green
   - If U.S. Veteran specify WAR:

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: female
   - COLOR OR RACE: white
   - SINGLE, MARRIED, WIDOWED, OR DIVORCED: WIFE OF
   - HUSBAND OR OR WIFE OF:
   - DATE OF BIRTH (month, day, and year): Sept. 7, 1884
   - AGE: 52
   - TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, etc.:
   - OCCUPATION: housewife
   - Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:
   - Date deceased last worked at this occupation (month and year):
   - Total time (years) spent in this occupation:

4. **MEDICAL CERTIFICATE OF DEATH**
   - DATE OF DEATH: October 16, 1936
   - I HEREBY CERTIFY. That I attended deceased from Aug. 23, to Oct. 16, 1936, I last saw him alive on Aug. 18, 1936. He was 52 years of age. I have examined his person and believe death to have occurred on the date stated above, at 11:00 a.m. The principal cause of death and related causes of importance were, as follows:
   - Chronic myocardiitis
   - Other Contributory Causes of Importance:
   - Chronic interstitial nephritis

5. **BIRTHPLACE**
   - State or country: A.A. Co., Md.

6. **FATHER**
   - NAME: elizabeth sue
   - BIRTHPLACE (city or town)
   - State or country:

7. **MOTHER**
   - NAME: elizabeth sue
   - BIRTHPLACE (city or town)
   - State or country:

8. **INFORMANT**
   - Name of operation:
   - What test confirmed diagnosis:
   - Date of:
   - Was there an autopsy:

9. **BURIAL, CREMATION, OR REMOVAL**
   - Place:
   - Date:

10. **UNDERTAKER**
    - Name:
    - Address:

11. **FILED**
    - Address:
    - Registrars:
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<td>Gastroenteritis</td>
</tr>
</tbody>
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<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
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</table>

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

### 1. PLACE OF DEATH
- County: Anne Arundel
- Village or City: Odenton P.O.
- Registration Dist. No.: 21
- Length of residence in city or town where death occurred: yrs. mos. ds.

### 2. FULL NAME
- Harrison

#### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
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<tbody>
<tr>
<td>M</td>
<td>Colored</td>
<td>Single</td>
</tr>
</tbody>
</table>

- If married, widowed, or divorced HUSBAND of [Name], or WIFE of [Name]

### 6. DATE OF BIRTH (month, day, and year)
- Oct. 28, 1936

### 7. AGE
- Years: 34
- Months: 0
- Days: 0
- If less than 1 day, 2 hrs., or 2 min.

### 8. TRADE, PROFESSION, OR PARTICULAR
- OCCUPATION: [Profession]

### 12. BIRTHPLACE (city or town)
- Odenton P.O.

### 13. NAME
- (First Name) John Anthony
- (Middle Name) Holland
- (Last Name)

### 14. BIRTHPLACE (city or town)
- (State or Country)

### 15. MAIDEN NAME
- (Name)

### 16. BIRTHPLACE (city or town)
- (State or Country)

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

### 22. I HEREBY CERTIFY
- That I attended deceased from Oct. 18, 1936
- That I last saw him alive on Oct. 28, 1936
- That death occurred on the date stated above, at 6 P.M.

### PRINCIPAL CAUSE OF DEATH
- Pneumonia, Bronchitis

### MEDICAL CERTIFICATE OF DEATH

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

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

---

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<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
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</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Fort Geo. G. Meade, Md.
   Hospital: Station Hospital
   Length of residence in city or town where death occurred: 1 yrs. 6 mos. 27 ds.

2. FULL NAME: George Sheldon Hartzell
   Residence: No. Fort Geo. G. Meade, Md.
   If U.S. Veteran, specify WAR: 

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: M
   COLOR OR RACE: 
   MARRIED, WIDOWED, OR DIVORCED: 

4. DATE OF BIRTH (month, day, and year): March 22, 1935

5. AGE: 1 yrs. 6 mos. 27 ds.

6. OCCUPATION: 

7. OCCUPATION: 

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: SPINNER, SAW MILLER, BOOKKEEPER, etc.

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

10. DATE DECEASED LAST WORKED AT: 

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

12. BIRTHPLACE (CITY OR TOWN): Fort Geo. G. Meade, Md.

13. NAME: Charles Edgar Hartzell

14. BIRTHPLACE (CITY OR TOWN): Pittsburgh, Pa

15. MAIDEN NAME: Edna Catherine Miller

16. BIRTHPLACE (CITY OR TOWN): Robinson, Pa

17. INFORMANT:
   Father: Fort Geo. G. Meade, Md.

18. BURIAL, CREMATION, OR REMOVAL:
   Place: Fort Geo. G. Meade, Md.
   Date: Oct. 21, 1936

19. UNDERTAKER: Robert Brooks and Son
   Address: Baltimore, Md.

20. FILED: Oct. 19, 1936
   B. Norris, M.D.

21. DATE OF DEATH: October 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1936, to Oct. 19, 1936, to have been on the date stated above, at 4:15 P.M.

23. PRINCIPAL CAUSE OF DEATH: Bronchopneumonia (Primary)

24. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   Anemia, congenital

25. MANNER OF DEATH:

26. NATURE OF INJURY:

27. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
   ACCIDENT, SUICIDE, OR HOMICIDE:
   DATE OF INJURY:
   PLACE:
   SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE:

28. CASE REPORTED TO BUREAU OF CENSUS:

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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

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

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>1928</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td></td>
</tr>
<tr>
<td>Run over by street car</td>
<td></td>
</tr>
<tr>
<td>Peritonitis</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td></td>
</tr>
</tbody>
</table>

Example II

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

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1928</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Eastport
   No. 88 Sixth St., 21
   Length of residence in city or town where death occurred: 66 yrs., 11 mos., 2 days
   How long in U.S. if of foreign birth? 66 yrs., 11 mos., 2 days

2. FULL NAME: HENRY F. HELLER
   (a) Residence: No. 88 Sixth St., Ward.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year): Oct. 16, 1870
7. AGE: 66 yrs.
   Years: 66
   Months: 10
   Days: 1
   If LESS than 1 year, write hrs. or min.

8. TRADE, PROFESSION, OR OTHER OCCUPATION: shipbuilder
9. Industry or business in which work was done: SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): Oct. 16, 1870
11. Total time (years) spent in this occupation: 66 yrs.

12. BIRTHPLACE (city or town): Eastport, Maryland
13. NAME: Wilhelm Heller
14. BIRTHPLACE (city or town): Germany
15. MAIDEN NAME: Marie E. Oltman
16. BIRTHPLACE (city or town): Germany
   (State or country)

17. INFORMANT: Robert W. Heller
   (Address): Eastport, Md.
18. BURIAL, CREMATION, OR REMOVAL
   Place: St. Anne's Cemetery, Annapolis, Md.
   Date: Oct. 22, 1938

19. UNDERTAKER: John M. Taylor
   (Address): Annapolis, Md.

20. FILED: Oct. 26, 1938
    Registrar.

21. DATE OF DEATH: Oct. 26, 1936

   (Month) 26
   (Day) 1936
   (Year)

22. I HEREBY CERTIFY that I attended deceased from June 10, 1936, to Oct. 26, 1936.
    Last saw him alive on Oct. 26, 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:

   Coronary Thrombosis
   Autopsy

   Other Contributory Causes of Importance:

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

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

   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.
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:

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</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
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<tbody>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>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... Anne Arundel
   Village or City... Annapolis
   Length of residence in city or town where death occurred... yrs. mos. ds.

2. FULL NAME... W. Meade Holliday
   Residence: No. Shipwright & Revell St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   4. COLOR OR RACE
   White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (strike line if applicable)
   Widowed

5a. If married, widowed, or divorced
   HUSBAND OF
   Meriam Iglehart Holliday

6. DATE OF BIRTH (month, day, year)... March 24, 1869

7. AGE
   Years 6
   Months 29

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Register of Wills
   Spottsylvania Co.
   Virginia

9. OCCUPATION

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

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

13. NAME
   William Holliday

14. BIRTHPLACE (city or town)
   Spottsylvania Co.
   Virginia

15. MAIDEN NAME
   Mary Ester Lawrence

16. BIRTHPLACE (city or town)
   Spottsylvania Co.
   Virginia

17. INFORMANT
   Miss Lucy Holliday
   Shipwright St.

18. BURIAL, CREMATION, OR REMOVAL
   Place... Annapolis, Md.
   Date... Oct. 26, 19.6

19. UNDERTAKER
   John M. Taylor
   Annapolis, Md.

20. FILED
   10/24/19.26

REGISTRATION DIST. NO. 21

21. DATE OF DEATH
   Month... Oct.
   Day... 29
   Year... 19.6
   If resident give city and town and State

22. I HEREBY CERTIFY, That I attended deceased from
   Oct. 13, 19.6, to Oct. 26, 19.6
   I first saw him alive on Oct. 23, 19.6
   Death occurred on the date stated above at 9:30 A.M.
   The principal cause of death and related causes of importance
   were as follows:

   Acute myocarditis. Duration. 2 weeks.

   Other contributory causes of importance:

   Name of operation... Date of...
   What test confirmed diagnosis?... Date of...
   Was there an autopsy?... 26

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?... Date of...
   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?... 26
   If not, 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.

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<td>Run over by street car</td>
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>NOV 5, 1936</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>RECEIVED</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>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 22

PLACE OF DEATH
County
Village or City

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS
SEX
COLOR OR RACE
SINGLE, MARRIED, WIDOWED, OR DIVORCED

DATE OF BIRTH

AGE

 If LESS than 1 day,...hrs.

OCCUPATION

WARDPLACE

NAME OF FATHER

BIRTHPLACE OF FATHER

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

SIGNATURE

PLACE OF DEATH

DATE OF BURIAL

UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.
The certificate is permanently filed.

If the death is the result of an accident, and the cause of death is not immediately known, it will be preceded by the words:

Accidental Death: The manner of death is unknown.

If the death is the result of an accident, and the cause of death is not immediately known, it will be preceded by the words:

Accidental Death: The cause of death is unknown.

Statement of occupation: Please state the occupation.

Certificate of Death

Revised United States Standard

Approved by the U.S. Census and American Public Health

[Signature]
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
   "Baby" Jackson (infant)
   If U.S. Veteran specify WAR
   Residence: No. 7323-23 S. St., Ward.

3. SEX
   Male

4. COLOR OR RACE
   Colored

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

6. DATE OF BIRTH (month, day, and year)
   January 22, 1936

7. AGE
   Years
   Months
   Days
   If less than 1 year, add

8. TRADE, PROFESSION, OR OCCUPATION
   Enter, if any

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)
    Washington, D.C.

13. NAME
    Solomon Jackson

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

15. MAIDEN NAME
    Martha Jackson

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

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Date

19. UNDERTAKER
    (Address)

20. FILED
    (Address)

21. DATE OF DEATH
    October 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from

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

Other Contributory Causes of Importance:

Intestinal grippe

Acidosis

Operations

Name of operation

Date of

What test confirmed diagnosis?

Date of

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

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

Manner of injury

Nature of injury

Was death due to external causes (VIOLENCE) fill in also the following:

If so, specify

Acting

Registration District No.

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

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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: Nov 5, 1930</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 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>Date of onset: May 1, 1923</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County

Village or City

(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

(a) Residence: No. John St., Arnold, MD St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. COLOR OR RACE

Male

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

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

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

Oct. 1st 1886

7. AGE

50

8a. Date deceased last worked at this occupation (month and year)

9. Total time (years) spent in this occupation

11. Occupation

MALE LABORER

12. BIRTHPLACE (city or town)

Janesville, WI

13. NAME

Andrew Jackson

14. BIRTHPLACE (city or town)

Alexandria, VA

15. MAIDEN NAME

Eunice Kelly

16. BIRTHPLACE (city or town)

Respectfully,

17. INFORMANT

James Simon

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

Preoste, Fredrick, Sr.

20. FILED

Oct. 18, 1936

Registration Dist. No.

St., Ward

(Unless place of abode)

If U.S. Veteran specify WAR

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Oct. 18, 1936

(22.

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

I last saw him alive on Oct. 10, 1936; 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:

Coronary Occlusion

Bostwick, MD

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

Accident, suicide, or homicide? Date of Injury.

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

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

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

Manner of injury

Nature of injury

If so, specify (Signed)

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  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>Nov 5, 1930</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></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: Anne Arundel
   Village or City: Crownsville State Hospital
   Length of residence in city or town where death occurred: 4 yrs. 4 mos. 16 ds.

2. FULL NAME  Nick Jacobs
   Residence: Annapolis, Maryland
   If U.S. Veteran, specify WAR:

   PERSONAL AND STATISTICAL PARTICULARS
   SEX: male
   COLOR OR RACE: black
   SINGLED, MARRIED, WIDOWED, OR DIVORCED: widowed

   6. DATE OF BIRTH (month, day, and year): 1885
   7. AGE: 51

   OCCUPATION: Ferry boat

   12. BIRTHPLACE (city or town): Maryland

   13. NAME: Nick Jacobs
   14. BIRTHPLACE (city or town): Maryland
   15. MAIDEN NAME: Henrietta (unknown)

   17. INFORMANT (Address): Hospital records Crownsville, Maryland

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Ashley A. D. D. Date: 10-11-1936

   19. UNDERTAKER
      Address:

   20. FILED: 10-11-1936

   21. DATE OF DEATH: October 8th
      (Month) 1936 (Year)

   22. MEDICAL CERTIFICATE OF DEATH
      I HEREBY CERTIFY That I attended deceased from
      May 23rd, 1936, to October 8th, 1936. I last saw him alive on Oct. 8th, 1936; death is said to have occurred on the date stated above, at 10:30 P.M.
      The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
      Pelvic Abscess

      Other Contributory Causes of Importance:
      Epilepsy

      Nume of operation: pelvic abscess
      Date of onset: 10-11-1936
      What test confirmed diagnosis?:
      Was there an autopsiy?:

      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. Disease or injury in any way related to occupation of deceased?
      If so, specify:
      (Address): 
      (Signed), M.D.
      Crownsville, Maryland

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

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

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><strong>The principal cause of death</strong></td>
<td><strong>The principal cause of death</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>REEVED</td>
<td>1 week ago</td>
</tr>
<tr>
<td>NOV 5 1936</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

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

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Cedar Park
   Registration Dist. No.: 21
   No., Layla Ave: St.
   Ward: 12

   Length of residence in city or town where death occurred: 18 yrs. 11 mos. 6 ds. How long in U.S. if foreign birth?: 72 yrs. 11 mos. 6 ds.

2. FULL NAME: Stephen Jakobsen
   (Residence: No. Cedar Park
   (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): Widower
   6. DATE OF BIRTH (month, day, and year): Feb. 12th, 1870
   7. AGE: Years 66 Months 8 Days 12
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Retired Chief
   9. OCCUPATION: Sawmill, Bank, etc.
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR):
   11. TOTAL TIME SPENT IN THIS OCCUPATION:

   12. BIRTHPLACE (CITY OR TOWN): Sweden
       (State or country):

   13. NAME: Unknown
   14. BIRTHPLACE (CITY OR TOWN):
       (State or country): Unknown
   15. MAIDEN NAME: Unknown
   16. BIRTHPLACE (CITY OR TOWN):
       (State or country): Unknown

   17. INFORMANT (ADDRESS): Alfred Jakobsen
   18. BURIAL, CREMATION, OR REMOVAL PLACE: Arundel, Oct. 24, 1936
   20. FILED: 10-27, 1936

   If more blanks are needed, address State Registrar, 2410 N. Charles Street, Baltimore, Requesting U. S. No. 1.

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: Oct. 24, 1936

   22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to Oct. 24, 1936. I last saw him alive on Oct. 24, 1936. Death is said to have occurred on the date stated above, at 9:30 p.m.

   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?: (Specify city or town, county and state)
       Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Manner of injury
   Nature of injury

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

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

<table>
<thead>
<tr>
<th>Cause</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:

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

Example II

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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause</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: Anne Arundel
   Village or City: Crownsville State Hospital
   Length of residence in city or town where death occurred: 1 yrs, 2 mos, 10 ds

2. FULL NAME: Joseph B. Johnson
   Residence: Baltimore, Maryland
   If U.S. Veteran, specify War:

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: male
   4. COLOR OR RACE: black
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: MARRIED
   6. DATE OF BIRTH: 1890
   7. AGE: 46
   8. OCCUPATION: Steeplejack
   9. DATE deceased last worked at this occupation (month and year): ---
   10. Total time (years) spent in this occupation:

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: October 17th
      (Month) 1936
      (Day)    (Year)
   22. I HEREBY CERTIFY that I attended deceased from
       August 7th, 1935 to October 17th, 1936

   Cause of Death: Generalized arteriosclerosis with cardiac involvement

   Other Contributory Causes of Importance:
   Senility

   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, suicides, or homicides: ________
       Date of Injury: ________
       Where did injury occur: ________
       Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
       Manner of injury: ________
       Nature of injury: ________

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

   Signed: ________
   (Address): ________

   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:

<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>Nov 5 1936</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

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
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<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: Anne Arundel
Village or City: Annapolis

2. FULL NAME
(a) Residence: No. 212 Chester Ave., Eastport, St., Ward, MD.

3. SEX
M

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single

6. DATE OF BIRTH (month, day, and year)
Aug. 27, 1936

7. AGE
Years: 1
Months: 0
Days: 21

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

9. OCCUPATION

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

11. TOTAL TIME IN YEARS SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
Eastport, Maryland

13. NAME
Alice Johnson

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

15. MAIDEN NAME
Anne Linsley

16. BIRTHPLACE (CITY OR TOWN)
Baltimore, Maryland

17. INFORMANT
Mr. William Johnson

18. BURIAL, CREMATION, OR REMOVAL
Place: Annapolis, MD. Date: Oct. 19, 1936

19. UNDERTAKER

20. FILED
Oct. 18, 1936

21. DATE OF DEATH
October 18, 1936

MEDICAL CERTIFICATE OF DEATH
22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1936, to Oct. 19, 1936, by the date of death. It is recorded to have occurred on the date stated above, at 10 a.m.

23. OTHER CONTRIBUTORY CAUSES OF DEATH
Malnutrition

24. MANNER OF DEATH
Acute enteritis

25. PLACE OF DEATH
Annapolis, Maryland

26. UNDERTAKER

27. REGISTRATION DISTRICT
No. 21

28. REGISTRATION DISTRICT NO.
10040

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

**Other contributory causes of importance:**

| Gallstones | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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</tr>
<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: Waterbury, Md. No. Registration Dist. No. H
   Village or City: Waterbury, Md.
   Length of residence in city or town before death occurred yrs. mos. ds.
   How long in U.S. If of foreign birth yrs. mos. ds.

2. FULL NAME
   (a) Residence: No.
   Race: Black
   (b) Occupation: Domestic Work

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 21 years of age, also give the date of birth.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

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

10. Total time (years) spent in this occupation

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

13. NAME
   MOTHER FATHER

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

15. MAIDEN NAME
   (State or country)

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

17. INFORMANT
   Address
   Place

18. BURIAL, CREMATION, OR REMOVAL
   Undertaker
   Address

19. UNDERTAKER
   Address
   Name
   M.D.
   (Address)

20. FILED
   M.D.
   Address
   Registrar

M.D.

If more blanks are needed, address State Registrar, 211 N. Charlestown, Baltimore, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<td></td>
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<tr>
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</tr>
<tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. PLACE OF DEATH
   - County: [Redacted]
   - Village or City: [Redacted]
   - No. St., Ward: [Redacted]
   - 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
   - Last: Johnson
   - First: Barnelia
   - Middle: [Redacted]
   - Residence: [Redacted]
   - If U.S. Veteran specify WAR: [Redacted]

3. PERSONAL AND STATISTICAL PARTICULARS
   - Sex: Male
   - Color or Race: [Redacted]
   - Single, Married, Widowed, or Divorced: married
   - If married, widowed, or divorced: of [Redacted]
   - Wife: [Redacted]
   - Date of Birth: 1814
   - Age: 72
   - Occupation: Farmer
   - Industry or business in which work was done: [Redacted]
   - Date deceased last worked at this occupation: [Redacted]
   - Total time (years) spent in this occupation: [Redacted]

4. MEDICAL CERTIFICATE OF DEATH
   - Date of Death: Oct 17th, 1936
   - Cause of Death: Carcinoma of the J. Anterior
   - Other Contributory Causes of Importance: [Redacted]

5. Certificate
   - Date of Onset: [Redacted]
   - Name of Operation: [Redacted]
   - Date of Operation: [Redacted]
   - Was there an autopsy?: [Redacted]

6. Cause of Death
   - Accident, suicide, or homicide?: [Redacted]
   - Date of Injury: [Redacted]
   - Where did injury occur?: [Redacted]
   - Specify whether injury occurred in INDUSTRY, HOME, or in PUBLIC PLACE:
     - Manner of Injury: [Redacted]
     - Nature of Injury: [Redacted]

7. Burial, Cremation, or Removal
   - Place: Washington, D.C.
   - Date: Oct 21st, 1936

8. Undertaker
   - [Redacted]

9. Filed
   - Date: Oct 21st, 1936

10. Certificate
    - Signed: [Redacted]
    - Address: [Redacted]
    - M. D.

11. If more forms are needed, address State Registrar, 248 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Nov 5 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>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: Anne Arundel
   Village or City: Queenstown

2. FULL NAME
   (a) Residence: Queenstown, Glassburn, Sr. and Jr.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH
   (month, day, and year) 10-17-36

7. AGE
   Years  0
   Months  0
   Days  12 hrs.

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.

10. Date deceased last worked at this occupation (month and year) 10-17-36

11. Total time (years) spent in this occupation

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

13. NAME
   William Barker

14. BIRTHPLACE (city or town)
   (State or country) Glassburn, Sr.

15. MAIDEN NAME
   Edna Jones

16. BIRTHPLACE (city or town)
   (State or country) Glassburn, Jr.

17. INFORMANT
   (Address) Lizzie Jones (grandmother)

18. BURIAL
   Location: Queenstown
   Place: Undertown
   Date: 10-18-36

19. UNDERTAKER
   (Address) Family (grandmother)

20. FILED
   (Address) Oct. 19, 1936

21. DATE OF DEATH
   (Month) October
   (Day) 18
   (Year) 1936

22. I HEREBY CERTIFY. That I attended deceased from
   Declared Dying Dead.
   I last saw him alive on 10-18-36; death is said to have occurred on the date stated above, at
   6 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Pulmonary Tuberculosis

23. Other Contributory Causes of importance:
   Midwife
   Matilda Barker
   Date of delivery 10-18-36
   Name of operation None
   What test confirmed diagnosis? None
   Was there an autopsy? None

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

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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<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
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</tr>
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</tr>
<tr>
<td>May 1, 1923</td>
<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: Anne Arundel
   - Village or City: Fair Haven
   - Registration Dist. No.: 20

2. **FULL NAME**
   - Mary Ellen Jones
   - Residence: 7 Fair Haven Rd.

<table>
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<td>5a. If married, widowed, or divorced</td>
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**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - Cert. 22, 1936

22. **I HEREBY CERTIFY**
   - That I attended deceased from
   - Cert. 17, 1936, to Cert. 23, 1936
   - I last saw him alive on Cert. 17, 1936; death is said to have occurred on the date stated above, at 6:49 a.m.
   - The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:
   - Whooping Cough

**Other Contributory Causes of importance:**

- Malnutrition

**Other Contributory Causes of importance:**

- Name of operation...

**OTHER**

- 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.

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

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

1. PLACE OF DEATH
   County: George C.-Marshall
   Village or City: Battle Creek
   Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME
   William Kasiecki
   Residence: No. 119, 7th St., Council
   U.S. Veteran: BC

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5a. If married, widowed, or divorced
   Husband or (or) Wife of: Ella Kasiecki
   Marital status: Married

6. DATE OF BIRTH (month, day, and year)
   Feb. 11th, 1883

7. AGE
   Years: 53
   Months: 8
   Days: 15

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

9. Industry or business in which work was done
   Poland

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

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

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

13. NAME
   Unknown

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

15. MAIDEN NAME
   Unknown

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

17. INFORMANT
   Frank Kasiecki, Son
   Address: 119 7th St., Council

18. BURIAL, CREMATION, OR REMOVAL
   St. James, Easton
   Date: Oct. 30, 1936

19. UNDERTAKER
   John M. Weller
   Address: 140 E. Union, Battle Creek

20. FILED
   Oct. 26, 1936

21. DATE OF DEATH
   Oct. 26, 1936

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

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

   Acute Myocarditis
   Dr. Frank West, M.D.

   Other Contributory Causes of importance:

   Date of onset

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?
   so, specify

   (Signed) Albert J. Mack, M.D.
   Address: 140 E. Union, Battle Creek

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Crownsville State Hospital
   Length of residence in city or town where death occurred: yrs. 3 mos. ds.
   Registration Dist. No.: 21

2. FULL NAME: William Kilby
   Residence: No. Harford County, Maryland
   Ward.
   If U. S. Veteran, specify WAR.

   If nonresident give city or town and State.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
   COLOR OR RACE: black
   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

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

6. DATE OF BIRTH: 1871 (?)

7. AGE:
   Years: 65?
   Unknown
   Days: Unknown

8. Trade, profession, or particular kind of work done: Unknown
   Industry or business in which work was done: Unknown
   SAW MILL, BANK, etc.

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

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

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

13. NAME: Unknown

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

15. MAIDEN NAME: Unknown

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

17. INFORMANT:
    Address: Hospital Records
    Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL:
    Place: Hospital Cem. Date: 10/10/36

19. UNDERTAKER:
    Address: 10/10/36

20. FILED: 10/10/36

21. DATE OF DEATH: October 9th
    (Month) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 7th 1936 to October 8th 1936
    I last saw h. alive on Oct. 8th 1936

23. If death was due to external causes (VIDENCE) 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.
    Menner of injury:
    Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify
    Address: State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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</tr>
<tr>
<td>November 5, 1936</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</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: Anne Arundel
   Village or City: Crownsville State Hospital
   Length of residence in city or town where death occurred: 4 yrs 7 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME: James Lewis № 2
   (a) Residence: No. 222 Ellicott City, Maryland
   (b) Occupation: Laborer

3. SEX: male
   4. COLOR OR RACE: black
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

6. DATE OF BIRTH (month, day, and year): 1860

7. AGE: 76

8. OCCUPATION: Laborer

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

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

11. Date of onset: ---

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

13. NAME: Jimmie Lewis, dead
   Father: ---
   Mother: ---

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

15. MAIDEN NAME: Jane Ford, dead

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

17. INFORMANT: Hospital Records
   Hospital: ---
   Name: ---
   Address: Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL: 10-18-19

19. UNDERTAKER: ---

20. FILED: 19-10-19

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

22. I HEREBY CERTIFY, that I attended deceased from March 9th, 1936, to October 9th, 1936; death is said to have occurred on the date stated above, at 11:20 AM.

The PRINCIPAL CAUSE OF DEATH was as follows:
Cerebral arteriosclerosis

Other Contributory Causes of Importance:
Senility

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:
   Accidental, 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.

   Method 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

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Example 1

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 15, 1927 |

Example 2

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

Other contributory causes of importance:

Gallstones | May 1, 1923 |

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County: A.G.
Village or City: Brooklyn Park
No. of Street: 2 Bell Grove Rd.
Street: St., Ward.
Length of residence in city or town where death occurred: 15 yrs., mos.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No. 2 Bell Grove Rd.
(Usual place of abode)

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (unless the ward)

Widower

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

Cecelia Manners

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

June 10, 1861

7. AGE

Years: 75

8. OCCUPATION

Retired

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Chicago, Ill.

(State or country)

13. NAME

John J. Manners

(Father)

14. BIRTHPLACE (city or town)

Ireland

(State or country)

15. MAIDEN NAME

Mary Rodgers

(State or country)

16. BIRTHPLACE (city or town)

Ireland

(State or country)

17. INFORMANT

Miss Anne Manners

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Cathedral, 1936

Place: Date, Oct. 21, 1936

19. UNDERTAKER

Margaret G. Furry

(Address)

20. FILED

Oct. 19, 1936

Registrar

21. DATE OF DEATH

Oct. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1936, to Oct. 18, 1936, last saw deceased

alive on Oct. 18, 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:

Senile. Spastic Paralysis

Generalized arteriosclerosis

Chronic Hepatostatis

Other Contributory Causes of importance:

Pulmonary Edema

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

Date of Injury

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

If so, specify

(Signed)

J. Edward Norred

(Address)

107 East West Street

Baltimore, Maryland

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>1931</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>MAY 1, 1923</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:

| Gallstones | 1 year |
| Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME: Isabelle Marshall
   Residence: Hanover

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify the word): single

6. DATE OF BIRTH (month, day, and year): July 29, 1936

7. AGE: 2 yrs. 16 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): Hanover
    (State or country):

13. NAME: John Marshall
    Father:

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

15. MAIDEN NAME: Bessie Spriggs

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

17. INFORMANT (Address): John Marshall
    Hanover

18. BURIAL, CREMATION, OR REMOVAL
    Place: Harmans
    Date: Oct 16, 1936

19. UNDERTAKER (Address): John Marshall (Father)

20. FILED: Oct 16, 1936

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

    I last saw h. alive on Oct 12, 1936; death is said to have occurred on the date stated above, at 12 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 onset: 1 month

Date of injury: 
Place of injury: 
Manner of injury: 
Nature of injury: 
Accident, suicide, or homicide: 
Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE: 

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Example I

| The principal cause of death and related causes of importance were as follows: |
| The date of onset | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: [Redacted]
   - Village or City: [Redacted]
   - No. 13 On[e] Block Dr., Ward
   - Length of residence in city or town where death occurred: 2 yrs., 6 mos., ds.

2. **FULL NAME**
   - Residence: No. 13 On[e] Block Dr., Ward.
   - Arthur E. W. Mathew

   **PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - M

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

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

5a. If married, widowed, or divorced
   - HUSBAND of: [Redacted]
   - WIFE of: [Redacted]

6. **DATE OF BIRTH**
   - Month: Jan
   - Day: 3
   - Year: 1867

7. **AGE**
   - Years: 69
   - Months: 8
   - Days: 11

8. **Trade, profession, or particular kind of work done**
   - [Redacted]

9. **Industry or business in which work was done**
   - [Redacted]

10. **Date deceased last worked at this occupation**
    - Month: 12
    - Year: 1936

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

12. **BIRTHPLACE**
   - City or town: Hamilton, Canada
   - State or country: [Redacted]

13. **NAME**
    - Edward Mathew

14. **BIRTHPLACE**
    - City or town: [Redacted]
    - State or country: [Redacted]

15. **MAIDEN NAME**
    - Sarah Orr

16. **BIRTHPLACE**
    - City or town: [Redacted]
    - State or country: [Redacted]

17. **INFORMANT**
    - L. B. Orr Mathew

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: [Redacted]
    - Date: Oct. 8, 1936

19. **UNDERTAKER**
    - [Redacted]

20. **FILED**
    - Oct. 8, 1936

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Month: Oct
    - Day: 8
    - Year: 1936

22. **I HEREBY CERTIFY**
    - That I examined deceased from May 30, 1924, to Oct. 8, 1936.
    - 1st saw him alive on Oct. 17, 1924; 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:
      - [Redacted]
      - Other contributory causes of importance:
        - [Redacted]

23. **Manner of Injury**
    - [Redacted]

24. **Nature of Injury**
    - [Redacted]

25. **Was death due to external causes (VIOLENCE) fill in also the following:**
    - [Redacted]

26. **Was disease or injury in any way related to occupation of deceased?**
    - [Redacted]

27. **If so, specify**
    - [Redacted]
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Example I

| The principal cause of death and related causes of importance were as follows: |
| Date of onset | The principal cause of death and related causes of importance were as follows: |
| Arteriosclerosis | RECEIVED |
| Chronic interstitial nephritis | NOV 5, 1936 |
| Cerebral hemorrhage | SEBURG V. S. |
| The date of onset is | July 5, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1928 |

Example II

| Other contributory causes of importance: |
| Date of onset | Other contributory causes of importance: |
| 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: Arundel
   - Village or City: Pasadena
   - Length of residence in city or town where death occurred: 16 yrs.

2. **FULL NAME**
   - Gilbert Asey Matthews

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Male
   - Color or Race: Negro

4. **DATE OF DEATH**
   - October 28th, 1926

5. **OCCUPATION**
   - Student

6. **DATE OF BIRTH**
   - July 11th, 1920

7. **AGE**
   - Years: 16
   - Months: 3
   - Days: 17

8. **BIRTHPLACE**
   - City or town: A. A. Co.
   - State or country: Md.

9. **INFORMANT**
   - Asey Matthews
   - Address: P.O. Pasadena, Md.

10. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Harley Neck
    - Date: Oct. 31, 1926

11. **UNOETAKER**
    - Isiah L. Brown
    - Address: Baltimore, Md.

12. **DATE OF FILE**
    - Oct. 28, 1926

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - October 28th, 1926

22. **I HEREBY CERTIFY**
    - That I have been present
    - Has attended deceased from Oct. 24th, 1926 to Oct. 28th, 1926

23. **PLACE**
    - Ellicott City

24. **MANNER AND CAUSE OF DEATH**
    - From Malignant neoplasm of liver with metastasis to right lung on Oct. 28th, 1926.

   **OTHER CONTRIBUTORS TO DEATH**
   - Subacute bacterial endocarditis
   - Chronic nephritis

   **NAME OF DOCTOR**
   - Dr. J. G. Wilt, M.D.

   **ADDRESS**
   - Pasadena, Md.

   **REGISTRAR**
   - Oct. 28, 1926

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

**Example I**

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

| Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Arundel
   Village or City: Crownsville State Hospital
   Length of residence in city or town where death occurred: 8 yrs., 13 mos., 13 ds.
   Registration Dist. No.: 21

2. FULL NAME: Lulu McNeil
   (a) Residence: No. Baltimore, Maryland
   (b) Place of death: Unknown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   HUSBAND or WIFE of: Unknown
   Age: 63 (?) Unknown
   Years: 1873 (?)
   Months: Unknown
   Days: Unknown
   If less than 1 day: 1 day, 13 hrs.
   or: 13 min.

8. Trade, profession, or particular kind of work done: Unknown
9. Industry or business in which work was done: Unknown
   Work was done: unknown
   Occupation: Unknown
10. Date deceased last worked: Unknown
    in this occupation: Unknown
   Time spent in this occupation: Unknown

12. BIRTHPLACE: Unknown
    City or town: Unknown
    State or country: Unknown

13. NAME: Unknown
14. BIRTHPLACE: Unknown
    City or town: Unknown
    State or country: Unknown
15. MAIDEN NAME: Unknown
16. BIRTHPLACE: Unknown
    City or town: Unknown
    State or country: Unknown

17. INFORMANT: Unknown
    Address: Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL
    Place: Hospital Records
    Year: 1936
    Date: 10/18

19. UNDERTAKER: J. B. W. Harnish
    Address: Crownsville, Maryland

20. FILED: 1936

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

22. I HEREBY CERTIFY, That I attended deceased from January 28th, 1936 to October 10th, 1936.
    Last saw deceased alive on Oct. 10th, 1936; death is said to have occurred on the date stated above, at 240 P.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    General arteriosclerosis
    Other Contributory Causes of importance:
    Senile dementia

Name of operation: Date of:
Was 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) Crownsville, Maryland

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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

Other contributory causes of importance:

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

| Gastroenteritis | 1 year |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Anne Arundel
Village or City: Crownsville State Hospital

2. FULL NAME

Marie Norman
Residence: 347 Forrest Street, Baltimore, Md.

3. SEX

female

4. COLOR OR RACE

black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

single

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

1900

7. AGE

Years: 36
Months: Unknown
Days: Unknown

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

Housework

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

Unknown

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

Unknown

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)

Unknown

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN)

 Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

Unknown

17. INFORMANT

Hospital Records

Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place: Crownsville, Maryland

19. UNDERTAKER

Dr. A. P. Oliver Jr.

Crownsville, Maryland

20. FILED

1956

21. DATE OF DEATH

October 2nd

22. I HEREBY CERTIFY, That I attended deceased from April 13th, 1936, to October 2nd, 1936, and observed her elixir on Oct. 2nd, 1936, death is said to have occurred on the date stated above, at 5 A.M.

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

Acute Cardiac Dilatation

Other Contributory Causes of Importance:

Chronic myocarditis

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

Accident, suicide, or homicide? Yes

Date of injury: 1936

Where did injury occur?

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

Manner of Injury

Nature of Injury

Date of injury

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

If so, specify

S. J. Amis, M.D.

2. J. S. Amis, M.D.

106 Mark Street

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

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

To be complete, an occupation return must state:

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

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

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

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

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

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</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>May 1, 1923</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: Anne Arundel
Village or City: Annapolis

2. FULL NAME: LEMUEL PHILLIPS PADGETT III
(a) Residence: No. 101 Spa View Ave.

3. SEX
male

4. COLOR OR RACE
white

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

6. DATE OF BIRTH (month, day, and year)
Oct. 31, 1923

7. AGE Years 13 Months 11 Days 7

8. OCCUPATION schoolboy

9. PLACE OF DEATH

10. DATE OF DEATH
Oct. 8, 1936

21. DATE OF DEATH
October 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from
Sept 29, 1936, to Oct 8, 1936

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

Accident, suicide, or homicide? Date of injury? Yes/No

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

If so, specify

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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</tr>
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<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: Anne Arundel
   Village or City: Freetown
   Length of residence in city or town where death occurred: life yrs. mos. ds.

2. FULL NAME: William Pferman
   (a) Residence: No. Freetown, P.O. Glen Burnie, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
   4. COLOR OR RACE: negro
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

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

6. DATE OF BIRTH (month, day, and year): October 18, 1869

7. AGE: 67 yrs.
   Years: 67
   Months: 1
   Days: 0
   If less than 1 day, hrs., or min.:

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

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

10. Date deceased last worked at this occupation (month and year): 1935

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

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

13. NAME: Charles Pearman
   FATHER: Md.

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

15. MAIDEN NAME: Priscilla Jackson
   MOTHER: Md.

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

17. INFORMANT: Lily Pearman
   (Address): P.O. Glen Burnie, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Marlay Neck
   Date: Oct. 22, 19

19. UNDERTAKER: Isiah L. Brown
   (Address): Baltimore, Md.

20. FILED: Oct. 19, 1926

21. DATE OF DEATH
   (Month) October 19
   (Day) 1926
   (Year)


   I last saw him alive on Oct. 17, 1936.
   Death is said to have occurred on the date stated above, at 8.30 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Pulmonary tuberculosis 1934

   Other Contributory Causes of importance:

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

24. Was disease or injury in any way related to occupation of deceased? no
   If so, specify
   (Signed) 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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<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1933</td>
<td>1 year</td>
</tr>
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</table>

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Annapolis
   Registration Dist. No. 23
   Length of residence in city or town where death occurred:

2. FULL NAME
   Horace Arthur Phaneuf
   If U. S. Veteran, specify WAR

3. SEX
   Male

4. COLOR OR RACE
   White

5a. ll married, widowed, or divorced
   HUSBAND or WIFE of

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

7. AGE
   Years: 1
   Months: 3
   Days: 1

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)
    Providence R.I.

13. NAME: Edgar George Phaneuf

14. BIRTHPLACE (city or town)
    Providence R.I.

15. MAIDEN NAME
    Mary Ida Cooper

16. BIRTHPLACE (city or town)
    Baltimore

17. INFORMANT
    Mother

18. BURIAL CREMATION, OR REMOVAL
   Place: Annapolis
   Date: Oct. 10, 1936

19. UNDERTAKER
    (Address)

20. FILED
   Oct. 10, 1936
   Registrar
   M. D. Hall, Surgeon

21. DATE OF DEATH
    Oct. 10

22. I HEREBY CERTIFY, That I attended deceased from
    I last saw him alive on Sept. 15, 1936; death is said
    to have occurred on the date stated above, at 8:30 a.m.
    The principal cause of death and related causes of importance
    were as follows:
    Intestinal obstruction
    Date of onset: Oct. 7, 1936

23. I certify that the diagnosis of death was due to:
    Accidental, suicide, or homicide?
    Where did injury occur?
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Man of Injury
    Nature of Injury
    If so, specify

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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>
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</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
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<tr>
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<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Anne Arundel
   - Village or City: Crownsville State Hospital

2. **FULL NAME**
   - Harriette Pindell
   - (a) Residence: No. 123, Anne Arundel County, Maryland

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - Black

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

6. **DATE OF BIRTH**
   - 1860

7. **AGE**
   - 76

8. **OCCUPATION**
   - Unknown

9. **DATE OF DEATH**
   - October 20th, 1936

10. **BIRTHPLACE**
    - Maryland

11. **NAME**
    - John W. Thomas

12. **FATHER**
    - Mary Ellen Casey

13. **HOSPITAL RECORDS**
    - Crownsville, Maryland

14. **BURIAL, SECESSION, OR REMOVAL**
    - Bardonville, Oct 23, 1936

15. **UNDEUTERAKER**
    - (Address)

16. **FILED**
    - Oct 23, 1936

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - October 20th, 1936

22. **I HEREBY CERTIFY**
    - That I attended deceased from Oct 25th, 1935, to Oct 20th, 1936, I last saw her alive on Oct 20th, 1936; death is said to have occurred on the date stated above, at 3:45 P.M.

23. **The Principal Cause of Death and related causes of importance were as follows:**
    - Mitral insufficiency
    - General arteriosclerosis

24. **Other Contributory Cause of Importance**

**Additional Information**

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

25. **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.

26. **Manner of Injury**
    - Nature of Injury

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

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

Gastroenteritis | Date of onset: 1 year
# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. **PLACE OF DEATH**
   - County: Chesapeake Bay, near Blood Point between Kent Island
   - Village or City: Brought to Annapolis by Margareta Boat
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. **FULL NAME**
   - Howard F. Ralph
   - Residence: No. 3618, Ridgeway St. N.W., N.W., D.C.
   - If U.S. Veteran, specify Why: 

### PERSONAL AND STATISTICAL PARTICULARS

<table>
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<tr>
<td>Male</td>
<td>White</td>
<td>Married</td>
</tr>
</tbody>
</table>

5a. If married, widowed, or divorced: HUSBAND of Catherine Lee
   - Husband: 

6. **DATE OF BIRTH**
   - Month: (month)
   - Day: (day)
   - Year: (year)
   - Total time spent in this occupation: 

8. **OCCUPATION**
   - Attorney at Law

12. **BIRTHPLACE**
    - City or town: Washington, D.C.
    - State or County: D.C.

13. **NAME**
    - Joseph F. Ralph

14. **BIRTHPLACE**
    - City or town: Allegheny, Pa.
    - State or county: Pa.

15. **MAIDEN NAME**
    - Elizabeth Wood

16. **BIRTHPLACE**
    - City or town: Rockford, Ill.
    - State or county: Ill.

17. **INFORMANT**
    - Brother Edward F. Ralph
    - Address: Hollywood, Cal.

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: M.Clyde, Date: 27 Oct., 1936

19. **UNDERTAKER**
    - Crawford & Son

20. **FILED**
    - 09-30, 1936

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
    - Month: Oct.
    - Day: 18
    - Year: 1936

22. **I HEREBY CERTIFY, That I attended deceased from...**
    - Date of Onset: 

23. **THE PRINCIPAL CAUSE OF DEATH**
    - Drowning by Falling from Boat into Chesapeake Bay

24. **OTHER CERTIFYING CAUSAL FACTORS:**
    - About 10 yrs.

Name of operation: 
Date of:

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

25. **ACCIDENT, SUICIDE, OR HOMICIDE**
    - Date of Injury: 27 Oct., 1936
    - Where did injury occur?: Chesapeake Bay
    - Nature of Injury: 
    - Date of:

26. **MANUFACTURE OF INJURY**
    - Location: 
    - Nature of Injury: 

If so, specify: 

37. **SIGNATURE**
    - James J. Chandler, M.D.

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

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Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | Nov 3, 1926 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: A. A.  Registration Dist. No. 11
   Village or City: St. Margarets
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Granville Redding
   Residence: No. 87, Massapequa Blvd, St. Ward.

   If U. S. Veteran, specify WAR:

   (Usual place of abode)

   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX: M 4. COLOR OR RACE: Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):
   Married

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

   6. DATE OF BIRTH (month, day, and year):
   April 21, 1898

   7. AGE: 37 Years 2 Months 12 Days

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

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

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

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

   12. BIRTHPLACE (city or town):
   Reading, Pa.

   13. NAME:
   Unknown

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

   15. MAIDEN NAME:
   Unknown

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

   17. INFORMANT:
   Mary Redding

   18. BURIAL, CREMATION, OR REMOVAL
   Place: Asbury Cemetery
   Date: 16, 17, 1936

   19. UNEATKER:
   Robert J. Purser

   20. FILED:
   Dec. 15, 1936

   M. D.

   Other Contributory Causes of importance:

   21. DATE OF DEATH
   (Month) 14 (Day) 1936 (Year)

   22. I HEREBY CERTIFY, That I attended deceased from
   (Specify city or town, county and State)

   23. Accident, suicide, or homicide?: Date of Injury:
   19.

   24. Disease or injury in any way related to occupation of deceased?:

   If so, specify

   (Signed) M. D. 25.

   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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| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Fort Geo. G. Meade, Md.
   No. Station: Hospital: St., Ward: Ward:
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M W
   4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

   6. DATE OF BIRTH (month, day, and year) March 26, 1909
   7. AGE Years 27 6 25
   If LESS than 1 day, hrs. or min.

OCCUPATION

6. OCCUPATION OCC Worker

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

11. Total time (years) spent in this occupation

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

13. NAME Unknown
   (Father)

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

15. MAIDEN NAME Unknown
   (State or country)

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

17. INFORMANT Official records
   (Address)

18. BURIAL, CREMATION, OR REMVAL
   Place: Lavonia, Ga.
   Date: Oct. 21, 19... 36

19. UNDERTAKER Robert Brooks and Son
    (Address)

20. FILED Oct. 22, 19... 36

M.D.

REGISTRATION DIST. NO. 27

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<td>1915</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 6, 1927</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>1915</td>
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<tr>
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Annapolis
   Registration Dist. No.: 21
   Emergency Host.: St., 2
   Ward.
   Length of residence in city or town where death occurred: 24 yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 161 Conduit St., 2 Ward.
   Residence No.: 161 Conduit St., 2 Ward.
   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
      Female

   4. COLOR OR RACE
      White

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

   6. DATE OF BIRTH (month, day, and year)
      April 19, 1918

   7. AGE
      Years: 24
      Months: 5
      Days: 27

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

   10. DATE DETERMINED WORK LAST PERFORMED AT THIS OCCUPATION (MONTH AND YEAR)

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

   13. NAME
      William S. Roberts

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

   15. MOTHERMEN NAME
      Alberta Jones
      Annapolis
      (State or country)

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

   17. INFORMANT
      Mother of the deceased
      Address: Annapolis

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Annapolis
      Date: Oct. 19, 1936

   19. UNDERTAKER
      John C. Taylor
      Annapolis

   20. FILED
      1936
      Address: Annapolis

   21. DATE OF DEATH
      October 16, 1936

   22. HEREBY CERTIFY, THAT I ATTENDED AND GAVE THE DECEASED FROM
      Oct. 5, 1936, to Oct. 16, 1936

   23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
      Accident, suicide, or homicide: Yes.
      Date of injury: Oct. 5, 1936.
      Where death occurred: Annapolis.
      (Specify city or town, county and State)
      Manner of injury: Suicide.

   24. WERE DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
      Yes.
      If so, specify:

   If more blanks are needed, address State Registrar, 2002 N. Charles Street, Baltimore, Requesting "U. S. No. 1".
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: |
| Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| Other contributory causes of importance: |
| Gallstones | May 1, 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: Anne Arundel
   Village or City: Jessups
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Albert E. Rollins
   (a) Residence: No.
   (b) Address: 19 Summer St, Rochester, Mass.
   St., Ward: Boston, Massachusetts

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   6a. If married, widowed, or divorced: HUSBAND of Hazel Lessig
   6b. If married, widowed, or divorced: (Sister) Hazel Lessig
   6c. If married, widowed, or divorced: (Wife of) Hazel Lessig

7. DATE OF BIRTH (month, day, and year): Unknown - 1894
8. AGE: Years: 42
   Months: ?
   Days: ?
   If less than 1 year, state in days, hours, or minutes:

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

12. BIRTHPLACE (city or town): Laredo, Texas
13. NAME: Unknown
14. FATHER: Unknown
15. MAIDEN NAME: Unknown
16. MOTHER: Unknown
17. INFORMANT: Mary Lessig, Spouse
18. BURIAL, CREMATION, OR REMEDIAL PLACE: Cherry Hill, Date: Nov 8, 1986
19. UNDERTAKER: (Address)
20. FILED: Dec 26, 1986

REGISTRATION DIST. No.: 2
REGISTRATION DIST. No.: 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH:
   (Month) October
   (Day) 31
   (Year) 1986
   (Signature) Edwin White
   M.D.
   (Address) Jessups, Maryland

I HEREBY CERTIFY, That I attended deceased from October 23rd 1986 to October 31st 1986, and last saw him alive on October 31st 1986, of death is said to have occurred on the date stated above, at 6:32 P.M., in Laredo, Texas.

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

- Chronic myocarditis
- Chronic nephritis

Date of onset:

Other contributory cause of importance:

- Asthma
- Acute dilatation
- Pulmonary hemorrhage

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:
   Accidental, 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)
   (Signature) Edwin White
   M.D.
   (Address) Jessups, Maryland.
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><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset</td>
<td>1915</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset</td>
<td>1921</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

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

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Annapolis
   No. 30 Maryland Ave. St. 2
   Length of residence in city or town where death occurred: 9 yrs. mos. ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME
   Rebecca H. Ryan
   Residence: No. 30 Maryland Ave. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

5a. If married, widowed, or divorced, state HUSBAND or WIFE of: Arthur B. Ryan

6. DATE OF BIRTH (month, day, and year)
   July 24, 1859

7. AGE
   Years: 77
   Months: 3
   Days: 25
   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)
   Greenville, S.C.
   (State or country)

13. NAME
   Daniel H. Hamilton

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

15. MAIDEN NAME
   Rebecca M. Middleton

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

17. INFORMANT
   Arthur H. Cophane
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Charleston, S.C.
   Date: Oct. 21, 1936

19. UNDERTAKER
   John W. Taylor
   (Address)

20. FILED
   Oct. 28, 1936

21. DATE OF DEATH
   Oct. 19, 1936

22. I HEREBY CERTIFY
   That I attended deceased from July 24, 1936, to Oct. 19, 1936
   Last saw h.r. alive on Oct. 19, 1936; death is said to have occurred on the date stated above, at ___ m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Cancer of Colon

   Other Contributory Causes of Importance:

   Cancer of Colon

   Name of operation
   Date of

   What test confirmed diagnosis?
   Was there an autopsy?

   Accident, suicide, or homicide?
   Date of injury

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

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

   Manner of injury
   Nature of injury

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

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

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

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

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

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

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

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

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<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: Nov 5, 1930</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1925</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: Anne Arundel
   Village or City: Laurel
   Length of residence in city or town where death occurred: 7 yrs. 3 mos. 6 ds.

2. FULL NAME
   Name: Angel Richard Shapiro
   Residence: 818 6th Street, Washington, D.C.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year) April 9, 1926
7. AGE 10 5 27

8. TRADE, PROFESSION, OR PARTICULAR kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Institution, Innate

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

10. DATE DECEASED last worked at this occupation (month and year)

11. TOTAL TIME (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington, D.C.
13. NAME Isaac Shapiro
14. BIRTHPLACE (city or town) Russia
15. MAIDEN NAME Mary Esterin
16. MOTHER BIRTHPLACE (city or town) United States
17. INFORMANT (Address) Institution Records
18. BURIAL, CREMATION, OR REMOVAL Place of Burial, Crematory, or Removal: Oct 6, 1926
19. UNDERTAKER: School Officials
20. FILED: Oct 6, 1926

REGISTRATION DISTRICT No. 212

21. DATE OF DEATH
   Month: October
   Day: 5
   Year: 1926

22. I HEREBY CERTIFY
   That I attended deceased from July 20, 19, 22, to october 5, 19, 26
   I last saw him alive on October 5, 1926; death is said to have occurred on the date stated above, at 5:15 p.m.
   The principal cause of death and related causes of importance were as follows:
   Status: Epilepsy
   Other Contributory Causes of importance:

   Other Contributory Causes of importance:

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

24. Manner of injury:
   Nature of injury:

25. If so, specify:
   (Signed) E. J. Alexander
   Address: District Training School
   Registrar: Caroll, M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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.

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### Example I

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

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

**Other contributory causes of importance:**

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Annapolis
   No. 105 Monticello Ave. St., Ward:
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: SIDNEY T. SHORES
   (a) Residence: No. 105 Monticello Ave. St. Ward.
   (Unusual place of abode)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: male
4. COLOR OR RACE: white
5. SINGULAR, MARRIED, WIDOWED, OR DIVORCED (write the word)
   WIDOWED

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

6. DATE OF BIRTH (month, day, and year): Sept. 26, 1859
7. AGE: Years 77 Months 0 Days 18
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, ETC.
   CARPENTER
9. OCCUPATION: (In an Industry, 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):
   MARYLAND
13. NAME: ROBERT SHORES
14. BIRTHPLACE (city or town) (State or country):
   MARYLAND
15. MAIDEN NAME: ADELINE SHORES
16. BIRTHPLACE (city or town) (State or country):
   MARYLAND
17. INFORMANT: SAMUEL S. STOKES
   (ADDRESS):
   105 Monticello Ave. Annapolis, Md.
18. BURIAL, CREMATION, OR REMOVAL
   PLACE:
   ANNA POOL, Md.
   DATE: Oct. 16, 1936
   CEDAR BLUFF CEMETERY
   JOHN M. TAYLOR
19. UNDERTAKER: (ADDRESS):
   ANNA POOL, Md.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: October 14, 1936
   (Month) (Day) (Year)
22. I HEREBY CERTIFY, That I attended deceased from
   AUG. 18, 1936 to OCT. 14, 1936
   I last saw him or her alive on OCT. 13, 1936.
   It is said to have occurred on the date stated above, at 20 min.
   The principal cause of death and related causes of importance
   were as follows:
   Myocarditis

   Other Contributory Causes of importance:
   ARTERIOSCLEROSIS
   1930

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

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 city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

   Manner of injury:
   Nature of injury:

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

If more blanks are needed, address State Registrar, 2111 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Cerebral hemorrhage</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Example II**

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**STATE OF MARYLAND**

**CERTIFICATE OF DEATH**

Registration Dist. No. 25

<table>
<thead>
<tr>
<th>PLACE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>County: Anne Arundel</td>
</tr>
<tr>
<td>Village or City: Brooklyn Park</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FULL NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donald Spacek</td>
</tr>
</tbody>
</table>

**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>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>Infant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2, 1925</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7 AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 yrs. 7 mos. 14 ds.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8 OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9 BIRTHPLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10 NAME OF FATHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Spacek</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11 BIRTHPLACE OF FATHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12 MAIDEN NAME OF MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethel Smith</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13 BIRTHPLACE OF MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Informant) John Spacek (Address) 200 6th Eleventh</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16 DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 16, 1926</td>
</tr>
</tbody>
</table>

| 17 I HEREBY CERTIFY, That I attended the deceased from April 1925 to Oct 16, 1926, that I last saw him alive on Oct 16, 1926, and that death occurred on the date stated above, at 10:15 a.m. |

<table>
<thead>
<tr>
<th>18 LENGTH OF RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(For Hospitals, Institutions, Transients or Recent Residents)</td>
</tr>
<tr>
<td>At place of death yrs. mos. ds. In the State yrs. mos. ds.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19 PLACE OF BURIAL OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cedar Hill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20 UNDERTAKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank Noonan</td>
</tr>
</tbody>
</table>

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Certificate of Death

Revised United States Standard

Health Association.

(Accepted by U.S. Census and American Public)

Statement of Occupation

Place of Burial

Residence

City

County

State
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: A-A-
Village or City: Annapolis, Ind.

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

2. FULL NAME

Mary Louisa Stewart
(a) Residence: No. 10 Monument
(usual place of abode)

2.1. SEX

Fem.-

5a. If married, widowed, or divorced

Married

3. DATE OF DEATH

July 23, 1864

7. AGE

62

11. Total time (years) spent in this occupation

40

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

Domestic

10. Occupation

Domestic

12. BIRTHPLACE (city or town)

Annapolis, Ind.

State or country:

13. NAME

Thomas Smith

14. BIRTHPLACE (city or town)

Annapolis, Ind.

15. MAIDEN NAME

Ellen Hackett

16. BIRTHPLACE (city or town)

Annapolis, Ind.

17. INFORMANT

Mrs. Edna Brown

18. BURIAL, CREMATION, OR REMOVAL

Place: Camden Mill Camp.

19. UNDERTAKER

E. B. Parker

20. FILED

10-18, 19-36

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

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

To be complete, an occupation return must state:

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

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

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

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

### Example II

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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: Anne Arundel
   - Village or City: Annapolis, MD
   - Length of residence: yrs. 10 mos. 10 ds.

2. **FULL NAME**
   - Name: George Stickell
   - Residence: Woodland Beach St., Ward.

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - M

4. **COLOR OR RACE**
   - W

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

6. **DATE OF BIRTH (month, day, and year)**
   - Dec. 15, 1936

7. **AGE**
   - Years: 30
   - Months: 10
   - Days: 10

8. **OCCUPATION**
   - Occupation: Spinner

9. **DATE DECEASED TEST WORKED AT THIS OCCUPATION (MONTH AND YEAR)**
   - Date: Sept 16, 1936

10. **PLACE OF DEATH**
    - Place: Baltimore

11. **BIRTHPLACE**
    - City or town: Annapolis, MD

12. **DATE OF DEATH**
    - Date: Oct 16, 1936

13. **NAME**
    - Joseph Stickell

14. **BIRTHPLACE**
    - City or town: Washington, DC

15. **MAIDEN NAME**
    - Alice E. Wanslow

16. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Mt. Olivet, Date: Oct 17, 1936

17. **INFORMANT**
    - Joseph Stickell

18. **UNDERTAKER**
    - Francis O. Zesch's Sons

19. **FILED**
    - Oct 16, 1936

20. **REGISTRATION DIST. No.**
    - 21

21. **FATHER**
    - Allen Stickell

22. **MOTHER**
    - Sarah Stickell

23. **DATE OF ONSET**
    - 9/20/36

24. **CONTRIBUTORY CAUSE OF DEATH**
    - Heart disease

25. **DATE OF DEATH**
    - Oct 16, 1936

26. **SIGNATURE**
    - M. H. W. Lesueur

---

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: West Annapolis
   No.: Weems Creek
   Registration Dist. No.: 21
   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.
   Ward.

2. FULL NAME: CHARLES FRANKLIN STINCHCOMB
   (a) Residence: No.: Weems Creek
   St., Ward.
   If nonresident give city or town and State
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed
   5a. If married, widowed, or divorced
   HUSBAND of
   (or) WIFE of
   Julie Scoble

6. DATE OF BIRTH: May 1, 1870
7. AGE: Years 66
   Months 5
   Days 12
   If less than one year old, add hrs. or. min.

8. TRADE, PROFESSION, OR OCCUPATION: fireman
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: none
10. Date deceased last worked at this occupation: none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE: Annapolis, Maryland
   State or country:

13. NAME: Charles N. Stinchcomb
14. BIRTHPLACE: A. A. County
   State or country:

15. MAIDEN NAME: Ann Elizabeth Anderson
16. BIRTHPLACE: A. A. County
   State or country:

17. INFORMANT: Mr. Leonard R. Stinchcomb
    (Address): Annapolis, Md.
18. BURIAL, CREMATION, OR REMOVAL
    Place: Cedar Bluff Cemetery
    Date: Oct. 15, 1936
    Annapolis, Md.

19. UNDERTAKER: John M. Taylor
    (Address): Annapolis, Md.
20. FILED: 10.24, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: October 13, 1936

22. I HEREBY CERTIFY: That I attended deceased from
   to, 19, 19
   and that I last saw
   alive on, 19, 19; death is said to have occurred on the date stated above, at, 19.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Gun Shot Wound

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: Suicide.
   Date of Injury: Oct. 13, 1936
   Where did injury occur: Weems Creek, A. A. County, Md.
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

Manner of Injury: Gun Shot Wound
Nature of Injury:

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

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11.—The number of years the deceased followed the occupation.

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

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>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
Village or City
No. 470 Chester Ave.
Registration Dist. No.
Ward
Length of residence in city or town where death occurred
yrs. mos. ds.

2. FULL NAME
John Thompson
(a) Residence: No. 470 Chester Ave.
(Usual place of abode)
St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male
4. COLOR OR RACE
Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Married
5a. If married, widowed, or divorced
HUSBAND or (or) WIFE of
Harriett Thompson

6. DATE OF BIRTH (month, day, and year)
Oct. 20th, 1874

7. AGE
6 yrs.
8. TRADE, PROFESSION, OR PARTICULAR
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Laboue

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)
A. T. O. Co.,
(State or country)

13. NAME
James Thompson

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

15. MAIDEN NAME
Mary Blunt

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

17. INFORMANT
Harriet Thompson

18. BURIAL, CREMATION, OR REMOVAL
Place: Brandywine Grav, Oct. 15, 1936

19. UNDERTAKER

20. FILED
Oct. 23, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
Oct. 20th, 1936

22. I HEREBY CERTIFY, That I attended deceased from
I last saw the deceased alive on
Oct. 15, 1936; death is said to have occurred on the date stated above, at 8:30 a.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 (VIOL ENCE) fill in also the following:

25. Accident, suicide, or homicide?

26. Where did injury occur?

27. Manner of injury

28. Nature of injury

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

30. IF SO, SPECIFY

31. (SIGN)(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1931</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>
<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, 1926</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**Example II**

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

1. PLACE OF DEATH

County: Anne Arundel

2. FULL NAME

Glenn R. Warner

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

5a. If married, widowed, or divorced

Husband of

Helen R. Warner

6. DATE OF BIRTH

Oct 1, 1903

7. AGE

33 Years 17 Months

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

School Inspector

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

Dunkirk Mfg. Co.

10. DATE DECEASED LAST WORKED

Oct 17, 1936

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

One year

12. BIRTHPLACE

Littleton, Mass.

13. NAME

Unknown

14. BIRTHPLACE

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE

Unknown

17. INFORMANT

E. B. Bryan

18. BURIAL, CREMATION, OR REMOVAL

Offices, Oct 24, 1936

19. UNDERTAKER

J. L. Hopkin

20. FILED

10/23/1936

21. DATE OF DEATH

Oct 17, 1936

22. I HEREBY CERTIFY

That I attended deceased from

1919...to...1919

I last saw...alive on...1919...; 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:

Drowning, accidental, injury.

A boat was involved.

Drowned with three companions, was caught in a squall near Chesapeake Bay. The boat in which they were riding, capsized, was destroyed.

Other Contributory Causes of Importance

Unable to make more.

Name of operation...

What test confirmed diagnosis?

Date of...

23. IF DEATH WAS DUE TO EXTERNAL CAUSE (VIOLENCE) FILL IN ALSO THE FOLLOWING:

Accident, suicide, or homicide?

Accident

Date of Injury...

Oct 17, 1936

Where did injury occur?

Chesapeake Bay

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

Ind. Chesapeake Bay

Manner of Injury...

Accidental drowning

Nature of injury...

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

If so, specify...

(Signed)

Reg. Acts

Address...

Annapolis, 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

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
</tbody>
</table>
| **Arteriosclerosis** | **Attack of epilepsy**
| Date of onset | 1 week ago |
| 1915 | Run over by street car |
| **Chronic interstitial nephritis** | **Peritonitis**
| Date of onset | 1 week ago |
| 1931 | 3 days ago |
| **Cerebral hemorrhage** | **Other contributory causes of importance:**
| Date of onset | **Gastroenteritis**
| July 5, 1927 | 1 year |

**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: Anne Arundel
   Village or City: Annapolis
   Registration Dist. No.: 21077
   St.: Hospital St.
   Ward: 607
   Length of residence in city or town where death occurred: yrs. mos.

2. FULL NAME
   Name: James Washington
   Residence: 1338 Pennsylvania Ave., W.C., Washington, D.C.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Mar. 31, 1915
7. AGE: 64 yrs.
8. YEARS: 14 months
9. DAYS: 0 days
10. If LESS than 1 year, specify day: 0 days
11. Total time (years) spent in this occupation: 0 years

OCCUPATION: Laborer

12. BIRTHPLACE (city or town): Washington, D.C.
13. NAME: Frank Washington
14. BIRTHPLACE (city or town): Washington, D.C.
15. MAIDEN NAME: Bertha Green
16. BIRTHPLACE (city or town): Washington, D.C.
17. INFORMANT (Address): Marie Holmes, 1338 Pennsylvania Ave., W.C.
18. BURIAL, CREMATION, OR REMOVAL: Washington, D.C., 10/14/1936
19. UNDERTAKEE (Address): 2500 Madison Ave., W.C.
20. FILED: 10/14/1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 10/12/1936
22. I HEREBY CERTIFY. That I attended deceased from 19... to 19...
   I last saw deceased on 1/30/36. Death is said to have occurred on the date stated above, at 1:30 A.M.
   The principal cause of death and related causes of importance were as follows:
   Capture Liver & Internal Hemorrhage
   Other Contributory Causes of importance:
   Auto. Accident

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 10/12/1936
   Where did injury occur?: (Specify city or town, county, and state)
   Specify whether injury occurred in industry, in public, or in public place.
   Manner of injury: Auto. Accident
   Nature of injury:

24. Was disease or injury in any way related to condition of the deceased?
   If so, specify:
   Address (Signed): Josephine Corrigan, 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

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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.

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**Example I**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Nov 5, 1936</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Crownsville State Hospital

2. FULL NAME: Joseph E. Waters
   (a) Residence: No. 122 W. Lamar St., Baltimore, City

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): 3/5/93

7. AGE: 44
   IF LESS then 1 day, _______ hrs. or _______ min.

8. OCCUPATION: Laborer

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

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

11. Total time (years) spent in this occupation

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

13. NAME: Leventon Waters

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

15. MAIDEN NAME: Jane Jones

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

17. INFORMANT:
    Hospital Records
    (Address) Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL
    (Name) D. R. W. W. Corp.
    (Address) Crownsville, Maryland

19. UNDERTAKER
    (Address) Crownsville, Maryland

20. FILED: Oct. 21, 1936

21. DATE OF DEATH
    October 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1936, to October 17, 1936, I last saw him alive on Oct. 17, 1936; death is said to have occurred on the date stated above, at 8:55 a.m.

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

   Cerebral Arterio-sclerosis

   Other Contributory Causes of Importance:

   Senility

   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) D. R. W. W. Corp.
   (Address) Crownsville, Maryland

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

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<td>Run over by street car</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

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

Date of onset: 1915 | 1 week ago
Date of onset: NOV 5 1936 | 1 week ago
Date of onset: July 5, 1927 | 3 days ago
Date of onset: May 1, 1928 | 1 year

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

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

2. FULL NAME
   Edward Watts
   Residence: Johnsontown

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Sept. 29, 1935
7. AGE: 1
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
9. OCCUPATION
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN): A., A. C.
   (STATE OR COUNTRY)
13. NAME: Edward Parker
14. BIRTHPLACE (CITY OR TOWN): Md.
   (STATE OR COUNTRY)
15. MAIDEN NAME: Daisy Marie Watts
16. BIRTHPLACE (CITY OR TOWN): A., A. C.
   (STATE OR COUNTRY)
17. INFORMANT: Daisy M. Watts
   (Address: E. C. Pasadena, Md.)
18. BURIAL, CREMATION, OR REMOVAL
   Place: Magothy
   Date: Oct. 16, 1936
19. UNDERTAKER: Andrew Maker
   (Address: Pasadena, Md.)
20. FILED: Oct. 17, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: October 15th, 1936
22. I HEREBY CERTIFY, That I attended deceased from 19., to 19., 19.
23. I last saw him alive on 19., 19., death is said to have occurred on the date stated above, at 10:45 a.m.
24. The principal cause of death and related causes of importance were as follows:
   Infantile dysentery
   (see reverse)
25. Date of onset: 1936

Other Contributory Causes of Importance:

Name of operation
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: 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

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

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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>May 5, 1926</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This infant died without medical attendance. The diagnosis was obtained by me from the Provident Hospital, where he was treated for over a month, and discharged two weeks before death as improved. In my opinion this infant died of a tuberculous peritonitis.
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Anne Arundel
   - Village or City: Ferndale
   - Length of residence in city or town where death occurred: 60 yrs. 6 mos. 1 ds.

2. **FULL NAME**
   - Elizabeth Joscie Watta
   - Residence: Ferndale

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: May
   - Day: 15
   - Year: 1867

7. **AGE**
   - Years: 69
   - Months: 4
   - Days: 15

8. ** hưởng 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)**
    - None

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

12. **BIRTHPLACE**
    - City or town: Odenton
    - State or country: MD

13. **NAME**
    - Godfrey Ziedhofer

14. **NAME**
    - Germany

15. **MAIDEN NAME**
    - Rachel Disney

16. **BIRTHPLACE**
    - City or town: Odenton
    - State or country: MD

17. **INFORMANT**
    - Godfrey Ziedhofer

18. **BURIAL, CREMATION, OR REMOVAL**
    - Gambill, MD, Date: Oct 14, 1936

19. **UNDERTAKER**
    - Ely, MD, Date: Oct 15, 1936

20. **FILED**
    - Oct 30, 1936

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

22. **I HEREBY CERTIFY**
    - That I attended deceased from Sept 20th, 1936 till Oct 1st, 1936
    - I last saw her alive on Sept 30th, 1936
    - Death is said to have occurred on the date stated above, at 12:30 AM
    - The principal cause of death and related causes of importance were:
      - Cerebral thrombosis
    - Other Contributory Causes of importance:
      - Arteriosclerosis

23. **NAME of operation**
    - None
    - Date of:

24. **What test confirmed diagnosis?**
    - None
    - Was there an autopsy? NO

25. **If death due to external causes (VIOLENCE) fill in also the following**
    - None

26. **Manner of injury**
    - None
    - Nature of injury

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

28. **If so, specify**
    - None
    - M.D. (Address): Godfrey Ziedhofer, Odenton, MD

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<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>June 9, 1926</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Date of onset</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>
<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: Anne Arundel
   Village or City: Crownsville State Hospital
   Length of residence in city or town where death occurred: yrs. 11 mos. 27 ds.

2. FULL NAME

   James Watts
   (a) Residence: No. 1057 Harlem Avenue, Baltimore, Maryland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Black
5a. If married, widowed, or divorced: HUSBAND of
5b. WIFE of
6. DATE OF BIRTH: 1928
7. AGE: 19
8. OCCUPATION: Actor
9. Industry or business in which work was done: ---
10. Date deceased last worked at occupation: ---
11. Total time (years) spent in this occupation: ---
12. BIRTHPLACE: Virginia
13. NAME: William Watts
14. BIRTHPLACE: Indiana
15. MAIDEN NAME: Bertha Willis
16. BIRTHPLACE: Maryland
17. INFORMANT: Hospital Records
18. BURIAL, CREMATION, OR REMOVAL: Hospital
19. UNDERTAKER: H. C. Under
20. FILED: 10/1/19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: October 2nd
22. I HEREBY CERTIFY, That I attended deceased from October 6, 1935, to October 2nd, 1935
   I last saw him alive on October 2nd, 1935, death is said to have occurred on the date stated above, at 2:15 P.M.
   The Principal Cause of Death and related causes of importance were as follows:
   General paralysis of the insane

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide? --- Date of Injury: 19 ---
   Where did injury occur? --- Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury:
   Nature of injury:
24. Was disease or injury in any way related to occupation of deceased?
   If so, specify

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>Date of onset: 1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Gaithersville
   Registration Dist. No. 1
   St., Ward: _
   Length of residence in city or town where death occurred: 1 yr. 2 mos. 14 ds.

2. FULL NAME: Wilmer Andrew White
   (a) Residence: No. 40, Gaithersville

PERSONAL AND STATUTORY PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
        | M | C | (write the word)

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

6. DATE OF BIRTH (month, day, and year): Aug 4 1936
7. AGE Years | Months | Days | If LESS than 1 day, hrs.
              | 2     | 14  |

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: _

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

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

13. NAME: George Crowner White

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

15. MAIDEN NAME: Pauline A. Duvall

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

17. INFORMANT: Elizabeth Weston
    (Address): _

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cumberland
    Date: Oct 19, 1936

19. UNOERTAKER: J. A. Hardysty & Son
    (Address): Gaithersville

20. FILED: Oct 19, 1936
    Registr: _

21. DATE OF DEATH: Oct 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from _
    to _
    I last saw deceased alive on _
    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: Whooping Cough.

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)_
    Nature of injury: _
    Manner 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."
STATEMENT OF OCCUPATION

The 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>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Nov 5, 1936</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, 1925</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   Anne Arundel
Village or City  Jessups

2. FULL NAME  Sylvester Williams
(a) Residence No. 1131 North Calhoun St., St., Ward. Balto., Md.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)  August 7, 1916

7. AGE  Years 20  Months 1  Days 26  If LESS THAN 1 day, hours or minutes

8. Trade, profession, or particular kind of work done, as SPINNER, SAWTER, BODKEEPER, etc. Laborer
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)  Baltimore, Maryland.

13. NAME  Curtis Williams
14. BIRTHPLACE (city or town)  Unknown
15. MAIDEN NAME  Mary Williams, Saunders
16. BIRTHPLACE (city or town)  Unknown

17. INFORMANT  Mary L. Smart
18. BURIAL, CREMATION, OR REMOVAL
Place  Mt. Airy  Date  Oct 6, 1936

19. UNDERTAKER  H. L. Wilson
20. FILED  Oct 3, 1936  Registrar  Jeapes, Maryland.

21. DATE OF DEATH  October 3rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28th, to Oct. 3rd, 1936, I last saw him alive on Oct. 2nd, 1936; death is said to have occurred on the date stated above, at 3:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Miliary Tuberculosis with cavitizations of both lungs.

Other Contributory Causes of Importance:

Name of operation  None  Data of  Not Known
What test confirmed diagnosis?  Microscope  Was there an autopsy?

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

Data of Injury  19
Where did injury occur?  (Specify city or town, county, and State)
Manner of Injury  
Nature of Injury  

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

(Signed)  Edwin J. Want  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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11.—The number of years the deceased followed the occupation.

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<th>Example II</th>
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<td></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1937</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstone | May 1, 1923 | Other contributory causes of importance: | |
|-----------|------------|----------------------------------------| |
| Gastroenteritis | 1 year     |                                        | |
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: 
   - Village or City: Annapolis
   - Registration Dist. 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**
   - Infant Wilson
   - Residence: 
   - St., Ward.

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX**
   - M
   - If married, widowed, or divorced
     - HUSBAND of
     - WIFE of

4. **COLOR OR RACE**
   - 

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

6. **DATE OF BIRTH**
   - Oct 17, 1936

7. **AGE**
   - Years: 1
   - Months: 0
   - Days: 0

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)**
    - Annapolis
    - State or country:

13. **NAME**
    - Jarrow J. Wilson

14. **BIRTHPLACE (city or town)**
    - Raleigh, N. C.
    - State or country:

15. **MAIDEN NAME**
    - Editha Seamen

16. **BIRTHPLACE (city or town)**
    - St. Louis, Mo.
    - State or country:

17. **INFORMANT**
    - James R. Wilson
    - Address:

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Cedar Hill
    - Date: Oct 17, 1936

19. **UNDERTAKER**
    - B. H. Hoffmeyer
    - Address:

20. **FILED**
    - 10-19, 1936

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - Dec 17, 1936

22. **I HEREBY CERTIFY**
    - That I attended deceased from Still Birth, Dec 17, 1936

23. **Other Contributory Causes of Importance:**
    - Still Birth

24. **Manner of Injury**
    - 

25. **Nature of injury**
    - 

26. **DATE of consel**
    - 

27. **Name of operation**
    - 

28. **Date of**
    - 

29. **Wt test confirmed diagnosis?**
    - Yes

30. **Was there an autopsy?**
    - Yes

31. **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

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

33. **(Signed)**
   - 

34. **Address**
   - 

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

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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>RECEIVED 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>NOV 5, 1930</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
</tr>
</tbody>
</table>

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

Example II

<table>
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<th>Date of onset</th>
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</thead>
<tbody>
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<td>Attack of epilepsy</td>
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