STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince Georges
   Village or City: Kent Pleasant
   Length of residence in city or town where death occurred: yrs. 6 mos. 8 days

2. FULL NAME: Robert F. Adams
   Residence: Kent Pleasant

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): Aug 2, 1872

7. AGE: 64 years, 8 months, 20 days

8. TRADE, PROFESSION, OR OCCUPATION: Carpenter

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Silk Mill, Saw Mill, Bank, etc.

10. DURATION OF LIVING AT THIS OCCUPATION (MONTH AND YEAR): 11. Total time (years) spent in this occupation

11. Date of onset: Natural Causes

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

13. NAME: Frank Adams
14. BIRTHPLACE (city or town): Alexandria, VA
   State or country: VA

15. MAIDEN NAME: Amanda Wister

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

17. INFORMANT: Mrs. Robert F. Adams
   Address: Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL: Cedar Hill Cemetery, Date: Oct 24, 1939

19. Undertaker: "Fisher, etc.
   Address: "

20. FILED: April 3, 1937

21. DATE OF DEATH: April 22, 1937

22. I HEREBY CERTIFY: That the deceased, Robert F. Adams, of Kent Pleasant, County Prince George, Maryland, was married to Emma M. Wister on January 19, 1919, and died on April 22, 1937, at 9:00 A.M.

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

24. If so, specify:
   Disease or injury in any way related to occupation of deceased: M.D.
   If so, specify:
   Name: Robert F. Adams
   Address: Washington, D.C.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>MAY 5, 1937</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

**Example II**

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

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<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: Prince Geo
   Town or City: Laurel
   Registration Dist. No.: 289
   Length of residence in city or town where death occurred: 72 yrs. mos. ds.
   If death occurred in a hospital or institution, give its name instead of street and number:

2. FULL NAME
   (a) Residence: No. 429 Prince St., Laurel, Md.
   (b) If nonresident give city or town and State:

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH: May 7th, 1866

   7. AGE: 71 yrs. 1mos. 28 days

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

   9. Industry or business in which work was done: Silk mill

   10. Date deceased last worked at this occupation: May 7th, 1866

   11. Total time (years) spent in this occupation: 20 yrs.

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

   13. NAME: John Alcorn
   14. BIRTHPLACE (city or town): Ireland
       (State or country): Ireland

   15. MAIDEN NAME: Mary C. Wesley
   16. BIRTHPLACE (city or town): Ireland
       (State or country): Ireland

   17. INFORMANT: 2
       (Address): [handwritten]

   18. BURIAL, CREMATION, OR REMOVAL:
       St. Hilary's Church, Laurel, Md., 30th, 1867

   19. UNOVERTAKEN BY DEATH:
       [handwritten]
       (Address): [handwritten]

   20. FILED: May 1, 1867

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: May 7th, 1867

   22. I HEREBY CERTIFY, That I attended deceased from March 1, 1867, to April 25, 1867.
   I last saw him alive on April 22, 1867.
   Death is said to have occurred on the date stated above, at 12:30 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Adenoma myocarditis
   Myocardial degeneration

   Other Contributory Causes of importance:

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

   Accident, suicide, or homicide?: [handwritten]
   Date of Injury: [handwritten]
   Where did injury occur?: [handwritten]
   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?: [handwritten]

   25. If so, specify:

   Signed: [handwritten]
   (Address): [handwritten]

   If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>3 days ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td></td>
<td>Gallstones</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1925</td>
</tr>
<tr>
<td>1925</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</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: Prince George
   - Village or City: Oxon Hill

2. **FULL NAME**
   - Charles Edward Arthur

3. **SEX**
   - M

4. **COLOR OR RACE**
   - W

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

6. **DATE OF BIRTH**
   - Month: May
   - Day: 13
   - Year: 1859

7. **AGE**
   - Years: 77
   - Months: 10
   - Days: 24

8. **OCCUPATION**
   - Farmer

9. **DATE deceased last worked at this occupation (month and year)**
   - Sept. 1856

10. **DEATH**
   - April 7, 1937

11. **PLACE OF DEATH**
    - Oxon Hill

12. **BIRTHPLACE**
    - Frederick Co., Maryland

13. **NAME**
    - Samuel A. W. Arthur

14. **BIRTHPLACE**
    - Maryland

15. **MAIDEN NAME**
    - Ann Maria Dickens

16. **BIRTHPLACE**
    - Maryland

17. **INFORMANT**
    - Charles Edward Arthur

18. **BURIAL, CREMATION, OR REMOVAL**
    - Washington, D.C., April 7, 1937

19. **UNDERTAKER**
    - James T. Ryan, Inc.

20. **FILING DATE**
    - April 7

21. **MEDICAL CERTIFICATE OF DEATH**
    - I hereby certify that deceased was born on May 13, 1859, and died on April 7, 1937, at Oxon Hill, Maryland. Cause of death: Carcinoma of the prostate. Date of onset: M. D.

22. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - Disease of heart.

23. **DATE OF INJURY**
    - 19

24. **WHERE DID INJURY OCCUR?**
    - In public place.

25. **NATURE OF INJURY**
    - Disease.

26. **RELATION TO OCCUPATION OF DECEASED**
    - No.

27. **SIGNATURE**
    - James T. Ryan, Inc.

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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:**
- Gallstones | May 1, 1923

### Example II

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

**Other contributory causes of importance:**
- Gastroenteritis | 1 year

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

1. PLACE OF DEATH
   County: Prince George's
   Village or City: East Riverdale Rd.
   Registration Dist. No.: 245
   (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: Violet Beth Biggia
   (a) Residence: No. 1200 Edmundson Rd. St. East Ward, East Riverdale MD.
   If U.S. Veteran specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (underline the word)
   (or) WIFE of
   Phillip Biggia
   DATE OF BIRTH: Nov. 14, 1865
   7. AGE: Years __, Months __, Days __
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc...
   Occupations: Housewife
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation: Nov. 14, 1865
   11. Total time spent in this occupation: __ years, __ months, __ days.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 25, 1937

I HEREBY CERTIFY that I attended deceased from July 19, 1936 to April 25, 1937, and to have occurred on the date stated above, at 3:00 P.M.

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

Other Contributory Causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

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:

If so, specify:

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

If yes, specify:

25. If U.S. Veteran specify WAR.

If nonresident give city or town and State

V.S. No. 1

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

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<tr>
<td>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>MAY 6, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prunty, George.
   Village or City: Bravelville.
   Length of residence in city or town where death occurred: 3 yrs., 0 mos., 0 ds.

2. FULL NAME: Harriet Ann Blackstone
   Residence: No.
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

   5a. If married, widowed, or divorced (Husband of Wife of
       John R. Blackstone)

   6. DATE OF BIRTH (month, day, and year): July 17, 1870

   7. AGE: 67 yrs., 8 mos., 21 ds.
       If LESS than 1 day, ... hrs., .... min.

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

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

   10. Date deceased last worked at this occupation (month and year): Jan., 1937
       Total time (years) spent in this occupation: 45 yrs.

   12. BIRTHPLACE (city or town) (State or county): Charles Co., Md.

   13. NAME: Harriet Ann

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

   15. MAIDEN NAME: unknown

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

   17. INFORMANT: John R. Blackstone
       Address: Bravelville.

   18. BURIAL, CREMATION, OR REMOVAL
       Place: March 20.
       Date: April 9, 1937

   19. UNDERTAKER: John E. Stewart
       Address: unknown

   20. FILED: April 7, 1937

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH (Month) 7 (Day) 1937 (Year)

   22. HEREBY CERTIFY: That I attended deceased from Jan., 1937, to April 7, 1937.

   I last saw deceased alive on April 7, 1937; death is said to have occurred on the date stated above, at 5:10 P.M.

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

   Chronic Hypertension

   Other Contributory Causes of Importance:

   Name of operation:

   Date of:

   Was there an autopsy? yes

   Accident, suicide, or homicide? no
   Date of Injury: 19
   Where did injury occur? (Specify city or town, county and State)

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

   Manner of Injury: 

   Nature of Injury: 

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

   If so, specify: 

   (Signed) W. Allen Gifford
   M.D.
   (Address)

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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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<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>MAY 6 1937</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: Prince Georges. Registration Dist. No. 236
   Village or City: Allentown, MD. No. St. Ward
   Length of residence in city or town where death occurred: 37 yrs. mos. ds.

2. FULL NAME: Charles W. Brown
   If U.S. Veteran, specify WAR
   (a) Residence: No. Allentown, MD. St. Ward.

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, widowed, or divorced
   (or) WIFE of: Bessie L. Brown

6. DATE OF BIRTH (month, day, and year): 67

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

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

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

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

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

13. NAME: James W. Brown

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

15. MAIDEN NAME: Eliza Stillions

16. BIRTHPLACE (city or town): VA.
    (State or country): 17. INFORMANT (Address): Howard B. Brown

18. BURIAL, CREMATION, OR REMOVAL Place: Calvert Hills Date: 4-19, 1937

19. UNDERTAKER (Address): W. W. Chambers

20. FILED: 4-19, 1937.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: APR. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from APRIL 6, 1937, to APRIL 16, 1937; death is said to have occurred on the date stated above, at 3:30 a.m.

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

   Cardiovascular disease

   Other Contributory Causes of importance:
   1. Cerebral hemorrhage
   2. Nephritis, Pneumonia

   Name of operation: Date of:
   What test confirmed diagnosis?: Was there an Autopsy?: No

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

   Manner of injury:
   Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
   If so, specify: (Signed) Dr. [Name]
   (Address): 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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</tr>
<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1915</td>
</tr>
<tr>
<td></td>
<td>MAY 6, 1927</td>
</tr>
<tr>
<td></td>
<td>1921</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>Gastroenteritis</td>
</tr>
<tr>
<td></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: Prince George
   Village or City: Leesburg
   (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: Elizabeth Huang Brown
   (a) Residence: No. 13, Riggs Farm
   (Usual place of abode)
   If U. S. Veteran, specify WAR
   St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
   If married, widowed, or divorced
   HUSBAND or WIFE of:
   J. Wesley Brown
6. DATE OF BIRTH (month, day, and year): Oct 16, 1859
7. AGE: 18 yrs.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWS, BOOKKEEPER, etc.: Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town): Savannah, Point
   (State or country): Ga.
13. NAME: Thomas H. Lutton
14. BIRTHPLACE (city or town): Baltimore
   (State or country): Md.
15. MAIDEN NAME: Ellen Leane
16. BIRTHPLACE (city or town): Baltimore
   (State or country): Md.
17. INFORMANT: Mainie L. Le SANDER
   (Address): 1941 N. Howard St.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Quaker Hill
   (Address): 2141 N. Howard St.
19. UNDERTAKER: E. H. Sander
   (Address): 2141 N. Howard St.
   Date: April 19, 1937
20. FILED: April 19, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 10
   (Day) 1937
   (Year)

   I last saw him alive on March 19, 1937.
   The principal cause of death and related causes of importance were as follows:
   Pulmonary disease
   Date of onset: March 18, 1937
   Other Contributory Cause of Importance:
   Chronic endocarditis
   Name of operation:
   Date of: March 18, 1937
   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:
   Manner of injury:
   Nature of injury:
   24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed): A. J. Cone
   (Address): Baltimore, Md.
STATEMENT OF OCCUPATION.

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

To be complete, an occupation return must state:

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

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

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

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

STATEMENT OF CAUSE OF DEATH.

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

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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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</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>
<td>Attack of epilepsy</td>
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<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
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</tbody>
</table>

Other contributory causes of importance:

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

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

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

3. SEX
   Male | Female

4. COLOR OR RACE
   Colored

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

6. DATE OF BIRTH (month, day, and year)
   Feb. 22, 1860

7. AGE Years Months Days
   82 7

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

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

10. Date deceased last worked at this occupation (month and year)
    1/9/37

11. Total time (in years) spent in this occupation 2

12. BIRTHPLACE (city or town)
    Baltimore

13. NAME
    Alexander H. Thompson

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

15. MAIDEN NAME
    Mary E. Holt

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

17. INFORMANT
    Charles H. Bruce

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Date

19. UNDERTAKER
    R. C. Richardson

20. FILED
    Apr. 30, 1937

21. DATE OF DEATH
    Month
    Day
    Year
    April 19, 1937

22. I HEREBY CERTIFY That I attended deceased from
    April 12, 1937 to April 18, 1937
    I last saw her alive on April 18, 1937; death is said
    to have occurred on the date stated above, at 2:30 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Bronchial Pneumonia

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

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

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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<td>Arteriosclerosis 1915</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis 1921</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage July 5, 1927</td>
<td>Peritonitis 3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones May 1, 1923</td>
<td>Gastroenteritis 1 year</td>
</tr>
</tbody>
</table>

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

#### 1. PLACE OF DEATH
- County: Prince George
- Village or City: Baltimore
- Registration Dist. No.: 24
- St., Ward: 10
- Length of residence in city or town where death occurred: yrs. mos. ds.

#### 2. FULL NAME
- Residence: No. 2501 N. Eutaw St.
- Baltimore, Md.
- Sex: Female

#### PERSONAL AND STATISTICAL PARTICULARS
- Color or Race: White
- Married, Widowed, or Divorced: Widowed
- Husband's or Wife's Name: James J. Carey
- Date of Birth: Oct. 1850
- Age: 86

#### MEDICAL CERTIFICATE OF DEATH
- Date of Death: April 30, 1937
- Occupation: Housewife
- Date of Death: April 29, 1937

#### OTHER CONSIDERATIONS
- Cause of Death: Pneumonia
- Date of Onset: April 10, 1937
- Other Considerations: None

#### SIGNATURES
- William Cook, Undertaker
- M.D. Leonard"
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><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>MAY 6, 1937</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>1921</strong></td>
<td><strong>9 days ago</strong></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>July 6, 1927</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1927</strong></td>
<td></td>
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<td>Other contributory causes of importance:]</td>
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</tr>
<tr>
<td>Gallstones</td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>August 1, 1923</strong></td>
<td><strong>1 year</strong></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Prince George
   Village or City: Upper Marlboro
   Length of residence in city or town where death occurred: 1 yr.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. 1005 Park Ave, Ward 7
   If U.S. Veteran, specify WAR

PERSONAL AND STATUTORY PARTICULARS
3. SEX
   (a) Residence: Male

4. COLOR OR RACE
   (a) Residence: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   (a) Residence: Widowed

6. DATE OF BIRTH (month, day, and year)
   (a) Residence: Unknown

7. AGE (Years, Months, Days)
   (a) Residence: About 66

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   (a) Residence: Laburn

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

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

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

12. BIRTHPLACE (city or town)
   (State or country)
   (a) Residence: China

13. NAME
   (a) Residence: Lina Colbert

14. BIRTHPLACE (city or town)
   (State or country)
   (a) Residence: Ind.

15. MAIDEN NAME
   (a) Residence: Batias Colbert

16. BIRTHPLACE (city or town)
   (State or country)
   (a) Residence: Ind.

17. INFORMANT (Address)
   (a) Residence: Beth St. Colbert

18. BURIAL, CREMATION, OR REMOVAL
   Place: Marlboro
   Date: Apr. 18, 1937

19. UNDERTAKER (Address)
   (a) Residence:

20. FILED (Address)
   (a) Residence: Registrar

21. DATE OF DEATH
   (Month) 1/15
   (Day) 1937

22. I HEREBY CERTIFY that I attended deceased from
   (Month) 1/14
   (Day) 1937
   Date of Death: Apr. 15
   Cause of Death: Heart Failure

23. Other Contributory Causes of Importance:
   (a) Residence: Meningitis
   Date: 1934
   Name of operation: None
   Date of: None
   What test confirmed diagnosis? None
   Was there an autops?: 10

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

Registrars

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

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

1. PLACE OF DEATH
   County: Anne Arundel
   Village or City: Mt. Rainier
   Registration Dist. No.: 256
   No. of Reg. Dist.: 1844-34
   Length of residence in city or town where death occurred: yrs. mos. ws. days
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME
   (a) Residence: No. 3806-34
   Personal and statistical particulars
  SEX: male
   COLOR OR RACE: white
   MARITAL STATUS: married
   Name of HUSBAND or WIFE of: Almyra C. Dotson
   DATE OF BIRTH: Aug. 22, 1870
   AGE: 66
   TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Carpenter
   OCCUPATION: Carpenter
   BIRTHPLACE: Fairfax, Virginia

3. MEDICAL CERTIFICATE OF DEATH
   DATE OF DEATH: April 19, 1937
   I HEREBY CERTIFY that I attended the deceased from...
   Date of onset: 1936
   I last saw him alive on...
   Date of death as stated above: April 19, 1937
   Cause of death: Cardiovascular renal disease
   Other Contributory Causes:
   Name of operation:
   What test confirmed diagnosis:
   Date of injury:
   Where death occurred:
   Manner of injury:
   Nature of injury:
   Was disease or injury in any way related to occupation of deceased:
   If so, specify:

4. MOTHER
   NAME: Sarah Foreover
   BIRTHPLACE: Fairfax, Virginia
   INFORMANT: Mrs. Almyra C. Dotson

5. FATHER
   NAME: Walter Dotson
   BIRTHPLACE: Fairfax, Virginia
   INFORMANT: Mrs. Almyra C. Dotson

6. UNDERTAKER
   M. G. HUNTEMMANN
   1127 70th St. N.W., Washington, D.C.

7. FILED
   2/20, 1937
   Registrar.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

| Other contributory causes of importance: | 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: Prince Geo. St., Washington, D.C.
   Village or City: Washington, D.C.
   (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. 110-21 Jamaica Ave, Richmond, N.Y.
   Personal and statistical particulars
   M. H. Evans
   [Signature]
   [Address]
   If nonresident give city or town and State

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Feb. 1872

7. AGE
   Years: 65
   Months: 2
   Days: 5

8. Occupation
   Houseman

9. Date deceased last worked at this occupation (month and year)
   April 1937

10. Total time (years) spent in this occupation
    50

11. Birthplace (city or town)
    (State or country)

12. Name
    Nicholas Williams

13. MAIDEN NAME
    [Signature]

14. Occupation
    Houseman

15. INFORMANT
    Name: [Signature]
    Address: [Address]

16. BURIAL, CREMATION, OR REMOVAL
    MARYLAND STATE CEMETERY, ABERDEEN, MARYLAND
    Date: Dec. 19, 1937

17. UNDERTAKER
    [Signature]
    Address: [Address]

18. FILED
    Dec. 12, 1937

REGISTRATION DIST. No. 243
REGISTRAR 1447

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
</tr>
</tbody>
</table>

---

**Example II**

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

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

1. **PLACE OF DEATH**
   - County: Prince George
   - Village or City: Riverdale

2. **FULL NAME**
   - Emilie Fahler
   - Residence: No. 442, Cedar Street
   - Ward: 5

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - July 26, 1862

7. **AGE**
   - 74

8. **OCCUPATION**
   - Housewife

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND DAY, YEAR)**
   - 1889

10. **DATE OF DEATH**
    - April 14, 1937

11. **BIRTHPLACE**
    - Zürich, Switzerland

12. **NAME**
    - Christoph Fahler

13. **MOTHER FATHER NAME**
    - Augusta Salzengerg

14. **BIRTHPLACE**
    - Hamburg, Germany

15. **INFORMANT**
    - Mrs. Fahler, Cedar Street

16. **BURIAL, CREMATION, OR REMOVAL**
    - Garrison P.O. Md.

17. **UNDERTAKER**
    - P. A. Fagerhol

18. **FILED**
    - April 15, 1937

19. **COMPLETE DATE OF DEATH**
    - April 14, 1937

20. **REGISTRATION DISTRICT**
    - No. 5

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - April 14, 1937

22. **I HEREBY CERTIFY**
    - That I attended deceased from April 14, 1937, to April 14, 1937.

23. **COMPONENT CAUSE OF DEATH**
    - Heart disease

24. **OTHER CONTRIBUTORY CAUSE OF DEATH**
    - Diabetes

25. **DATE OF DEATH**
    - April 14, 1937

26. **MANNER OF DEATH**

27. **NATURE OF INJURY**

28. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION?**

29. **SIGNED**
    - M.D.
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<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: Prince George
Village or City: Mt. Airy
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
Mary Elizabeth Fletcher

3. SEX
F

4. COLOR OR RACE
C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Widowed

6. DATE OF BIRTH
Nov. 18, 1865

7. AGE
71 yrs. 5 mos. 5 days

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

9. OCCUPATION
Registered Midwife

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
April 23, 1937

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

12. BIRTHPLACE
Prince George, Va.

13. NAME
Mary Elizabeth Fletcher

14. BIRTHPLACE
Mt. Airy, Md.

15. MAIDEN NAME
Mary Snow

16. BIRTHPLACE
Maryland

17. INFORMANT
Mary Fletcher

18. BURIAL, CREMATION, OR REMOVAL
Mitchellville, Md.

19. UNDERTAKER
Hollister & Sons

20. FILED
April 27, 1937

21. DATE OF DEATH
April 23, 1937

22. I HEREBY CERTIFY
That I attended deceased from April 16, 1937, to April 23, 1937. I last saw h. alive on April 22, 1937, death is said to have occurred on the date stated above, at 12:00 p.m.

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

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

24. Disease or injury in any way relate to occupation of deceased?

If so, specify

(Signed) M.D.

ADDRESS
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<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
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<td>1 year</td>
</tr>
</tbody>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Prince George
Village or City: Bowie

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

3. SEX
Female

4. COLOR OR RACE
Colored

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

5a. If married, widowed, or divorced
Husband's or (or) Wife of
James Francis Fletcher

6. DATE OF BIRTH (month, day, and year)
Oct. 26, 1873

7. AGE
63 5 21

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

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

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
Work, D.C.

13. NAME
Frank Brooks

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

15. MAIDEN NAME
Mariah Hawkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown

17. INFORMANT
Lillie Hawkins (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Arundel Church
Date: April 19, 1931

19. UNDERTAKER
M. Fladley of Son (Address)

20. FILED
April 15, 1931

REGISTRATION DIST. No. 220

21. DATE OF DEATH
April 16, 1931

22. I HEREBY CERTIFY That I attended deceased from April 8, 1931, to April 16, 1931, I last saw him alive on April 14, 1931; death is said to have occurred on the date stated above, at 11:00 A.M.

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

Name of operation

Date of operation

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and state)

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

Manner of injury

Nature of injury

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

If so, specify

(Signed)

Registrar

MEDICAL CERTIFICATE OF DEATH

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

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
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>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
</tbody>
</table>

| Other contributory causes of importance: |
| Gallstones | MAY 1, 1928 |

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

| Other contributory causes of importance: |
| Gastroenteritis | 1 year |

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

County: George
Village or City: 

2. FULL NAME

(a) Residence: No. 
(Usual place of abode)

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WOOGED, OR DIVORCED (underline the word)

married

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

Oct. 1876

7. AGE

Years: 70
Months: 10
Days: 

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(Not known)

13. NAME

Not known

14. BIRTHPLACE (city or town)

(Not known)

15. MAIDEN NAME

Spotted by Count.

16. BIRTHPLACE (city or town)

Consolation Point

17. INFORMANT

Rose Harris

18. BURIAL, CREMATION, OR REMOVAL

Place: Annapolis, Md. Date: July 21, 1937

19. UNDERTAKER

Ridgley allevi

20. FILED

June 20, 1937. M. Brown

Registrar.

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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>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 2, 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: Prince Georges
   Village or City: College City

2. FULL NAME: Edith Maria Graae
   (a) Residence: No. College City, Md.

3. SEX: Female
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

4. COLOR OR RACE: White
   6. DATE OF BIRTH (month, day, and year): January 9, 1869

7. AGE: 68 Years 2 Months 28 Days

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

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

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town): England
   13. NAME: Henry A. Gragg
   14. BIRTHPLACE (city or town): England

15. MAIDEN NAME: Mary Rieligids

16. BIRTHPLACE (city or town): England

17. INFORMANT (Address): Florence L. Gragg

18. BURIAL, CREMATION, OR REMOVAL
   Place: Washington
   Date: April 6, 1937

19. UNDERTAKER (Address): W.W. Reid

20. FILED: 19

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

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

**Other contributory causes of importance:**

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Upper Marlboro
   No. St. Ward
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME: Hamilton Alexander Hall
   If U. S. Veteran, specify WAR

   (a) Residence: No. 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)

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

   Eleanor Frances Hall

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

7. AGE Years Months Days If less than 1 day, hrs. or. min.
   76 4 9

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

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) January 2, 1937

11. Total time (years) spent in this occupation 4.24

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

13. NAME Benjamin Hall
   Father: John Hall
   Birthplace: Anna Arnold
   Birthplace: Md

15. MAIDEN NAME Catharine Anna Circe

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

17. INFORMANT (Address)
   Name of informant: Mrs. Fred Steiner
   Address: Upper Marlboro

18. BURIAL, CREMATION, OR REMOVAL
   Place: Upper Marlboro
   Date of burial: April 13, 1937

19. UNDERTAKER (Address)
   Name of undertaker: Anthony Bros
   Address: Upper Marlboro

20. FILER
   Filer: Registrar

21. DATE OF DEATH
   (Month) (Day) (Year)
   April 10 1937

22. I HEREBY CERTIFY That I attended deceased from
   April 1 1937 to April 10 1937
   I last saw h. m. alive on April 10 1937
   He was last seen in. . .
   Death is said to have occurred on the date stated above, at 8:30 P.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Myocarditis
   Date of onset: 1/2/37
   Other Contributory Causes of importance

   Name of operation: None
   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?
   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
   Name: James A. Hare
   M. D.
   Address: Upper Marlboro

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

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 5, 1937</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

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

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
<th></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... Prince George
Village or City... Mitchellville, Md.
No. Registration Dist. No.... 236
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... Bernice Teresa Harley

(a) Residence: No. Mitchellville St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year)... April 8, 1937
7. AGE... Years Months Days If LESS than 1 day... hrs. or min.
    stillborn

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

12. BIRTHPLACE (city or town)... Md.
   (State or country)
13. NAME... Robert William Harley
14. BIRTHPLACE (city or town)... Md.
   (State or country)
15. MAIDEN NAME... Rosa Ella Proctor
16. BIRTHPLACE (city or town)... Mitchellville, Md.
   (State or country)
17. INFORMANT... Nancy Brown
   (Address) Mitchellville, Md.
18. BURIAL, CREMATION, OR REMOVAL
   Place... On farm
   Date... April 9, 1937
19. UNDERTAKER... Robert W. Harley
   (Address) Mitchellville
20. FILED... April 9, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH... April 8 (Month) 1937 (Year)
22. I HEREBY CERTIFY, That I attended deceased from
   Stillborn... 19... to... 19...
   (Month) (Day) (Year)
   I last saw... alive on... 19...; death is said
to have occurred on the date stated above, at... P.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:

   Date of onset...
   Other Contributory Causes of Importance:

   Name of operation...
   Date of...
   What test confirmed diagnosis?...
   (Specify city or town, county and State)
   Where did injury occur?...
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   Manner of injury...
   Nature of injury...

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

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

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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>
<th>Other principal cause of death and related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>July 15, 1923</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 16, 1923</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>June 6, 1923</td>
<td>Death due to other causes</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
<th>Other contributory causes of importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: 
   Village or City: 

2. FULL NAME: Harvey Smo
   If U.S. Veteran, specify WAR: 

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

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

6. DATE OF BIRTH (month, day, and year): April 24, 1937

7. AGE: 
   Years: 
   Months: 
   Days: 
   If LESS than 1 year, hours or minutes: 

8. Trade, profession, or particular kind of work done: None
   Spinner, Sawyer, Bookkeeper, etc.
   Silk Mill, Saw Mill, Bank, etc.

10. Date deceased last worked at this occupation: 
   Month and Year: 
   Time spent in this occupation: 

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

13. NAME: 
   Father: 

15. MAIDEN NAME: Maggie Jackson

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

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

20. FILED: 
   Date: 
   Number: 

21. DATE OF DEATH
   Month: April
   Day: 24
   Year: 1937

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

23. If death was due to external 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: 
   Manner of injury: 
   Nature of injury: 

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

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<th>Example I</th>
<th>Date of onset</th>
<th>Example II</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>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Prince Geo Co
   Village or City: Beltsville, Md
   No., St., Ward: ____________
   Length of residence in city or town where death occurred: 4 yrs. __ mos. __ ds.
   How long in U.S. if of foreign birth? yrs. __ mos. __ ds.

2. FULL NAME: Hannah C. Johnson
   (a) Residence: No. Beltsville, Md
   (Usual place of abode)
   If U.S. Veteran specify WAR...
   St., Ward: ____________
   If nonresident give city or town and State: ____________

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Nov 18, 1853
7. AGE: 83 yrs. 5 mos. 11 ds.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housewife
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Housewife
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): ____________
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: ____________
12. BIRTHPLACE (CITY OR TOWN): Virginia, Va
   (State or country): ____________

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 4/21/1937 (Month, Day, Year)
22. I HEREBY CERTIFY... That I attended deceased from Apr. 1, 1937, to Apr. 21, 1937, death is said to have occurred on the date stated above, or ____________.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Other Contributory Causes of importance: ____________

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

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? ____________
   Date of injury: 19__
   Where did injury occur? ____________
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:
   Manner of injury: ____________
   Nature of injury: ____________

24. WAS INJURY OR DEATH IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   If so, specify: ____________

20. FILED: Apr. 21, 1937, John D. Smith (Address)
   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.

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<td>1915</td>
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<td>MAY 6, 1937</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

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

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Prince George County
   Village or City: Capitol Hill
   Length of residence in city or town where death occurred: yrs. __ mos. __
   Registration Dist. No. 2

2. FULL NAME
   Storage Ferchel
   Residence: 48 Shady Gable Ave
   If U. S. Veteran, specify WAR

3. PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: White
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   OCCUPATION: Lawyer
   DATE OF BIRTH: 1854
   AGE: 93

4. MEDICAL CERTIFICATE OF DEATH
   DATE OF DEATH: April 27, 1937
   I HEREBY CERTIFY, That I attended deceased from __ to __, 19__
   I last saw deceased alive on __, 19__; death is said to have occurred on the date stated above, at __ o'clock, A.M.
   The principal cause of death and related causes of importance were as follows:
   Natural Causes

5. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

6. BIRTHPLACE (city or town): Tenn
   Father: Weer
   Mother: Teren
   Address: 48 Shady Gable Ave
   Undertaker: James T. Ford
   Burial, Cremation, or Removal: Place, Date:лучная, D.C., April 28, 1937
   Filed: April 29, 1937
   Registrar: __

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

The or about Wed. April 14th, 1937—I signed the deceased.
Horace Kesey, M. D. for the deceased.

The history of this case causes me to believe the death to have been caused by nephritis.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Grimes George
Village or City: Md. Park

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

2. FULL NAME
(a) Residence: No. 830 Valley
(Usual place of abode)

3. SEX
Male

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single

6. DATE OF DEATH (month, day, and year)
April 5, 1937

7. AGE
Years Months Days

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

9. OCCUPATION

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
Md. Park

13. NAME
Noel Edward Kingman

14. BIRTHPLACE (CITY OR TOWN)
Chicago, Ill.

15. MAIDEN NAME
Blender Marie Elling

16. BIRTHPLACE (CITY OR TOWN)
(State or country)

17. INFORMANT
Noel E. Kingman

18. BURIAL, CREMATION, OR REMOVAL
Place: Addison Chapel
Date: April 5th, 1937

19. UNDERTAKER
W. M. Chambers Co.

20. FILED
April 5th, 1937

21. DATE OF DEATH
April 5, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED FROM 19 TO 19
I LAST SAW HER ALIVE ON 19 TO 19
DEATH SAI
TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.
The PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE

Other Contributory Causes of Importance:

Name of operating physician

Date of onset

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
ACCIDENT, SUICIDE, OR HOMICIDE? \____ \____
DATE OF INJURY \____
WHERE DID INJURY OCCUR? \____ \____ \____ \____
SPECIFY 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)

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>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 1, 1927</td>
</tr>
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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: Prince George
Registration Dist. No.: 215
Village or City: Hyattsville
No. of St., 3 Ward.

2. FULL NAME: Francisco J. Latimer
(a) Residence: No. 141 Shepherd St., 3 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): Married

6. DATE OF BIRTH (month, day, and year):
June 19, 1877

7. AGE: 60 Years 9 Months 24 Days

9. Industry or business in which work was done, as: (Saw Mill, Bank, etc.)
9b. Trade, profession, or particular kind of work done, as: (Sawyer, Bookkeeper)

8. Trade, profession, or particular kind of work done, as: Belcher, Clerk

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

13. NAME: Francisco J. Latimer

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

15. MAIDEN NAME: Virginia Latimer

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

17. INFORMANT: Mary S. Latimer

18. BURIAL, CREMATION, OR REMOVAL
Place: Arlington, Va.
Date: April 14, 1937

19. UNDERTAKER: St. Louis Dole

20. FILED: April 14, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
April 13, 1937

22. HEREBY CERTIFY, They attended deceased from April 13, 1937, to April 14, 1937:

I last saw him alive on April 13, 1937, at 8:00 p.m.; 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:

Acute Cardiac Infarction

Dr. Clark

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

Date of Injury:

24. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

Date of Injury:

If so, specify (Sign.

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

| 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, 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

Letter 5/4/37 under Dr. Keen, Changling, Beijing.

Drew 5/4/37 - also letter under Dr. Keen, Beijing.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince George
   Village or City: Seat Pleasant
   Registration Dist. No.: 438

2. FULL NAME
   (a) Residence: No. 29 Swain, Seat Pleasant, MD

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

   If U.S. Veteran specify WAR: No

   6. DATE OF BIRTH (month, day, and year): January 10, 1867
   7. AGE: 70 years
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired (Guard)
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Retired

   10. Date deceased last worked at this occupation (month and year): January 10, 1867
   11. Total time (years) spent in this occupation: 70 years

   12. BIRTHPLACE (city or town): Maryland
   13. NAME: John Lloyd
   14. BIRTHPLACE (city or town) of mother or father: Maryland
   15. MAIDEN NAME: Washington

   16. BIRTHPLACE (city or town): Maryland
   17. INFORMANT: Edward Lloyd
   18. BURIAL, CREMATION, OR REMOVAL: Place: Washington, D.C.
   19. UNDERTAKER: T. W. Stilwell
   20. FILED: 1937

   21. MEDICAL CERTIFICATE OF DEATH
   DATE OF DEATH: April 25, 1937

   22. I HEREBY CERTIFY: That I attended deceased from April 23, 1937, to April 29, 1937, death is said to have occurred on the date stated above, et seq.

   Cause of death: Congestive heart failure

   Other Contributory Causes of importance: Pulmonary Edema

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

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

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

   (Signed): James D. Boyd, M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>1 week ago</td>
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<tr>
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<td>1 week ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Lackland
   No. St. Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

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

3. SEX
   Female

4. COLOR OR RACE
   Colored

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

6. DATE OF BIRTH
   Month Year
   Age Years Months Days
   If less than 1 year old, hr. or min.

7. OCCUPATION
   None

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

9. DECEASED WIFE
   Henrietta Lomax
   Date of Marriage

10. DATE OF DEATH
    April 21, 1937

11. PLACE OF DEATH
    Prince George, Lackland

12. BIRTHPLACE
    Maryland

13. NAME
    Lomax

14. NAME OF MOTHER
    None

15. MAIDEN NAME
    Ellen Jackson

16. BIRTHPLACE
    Maryland

17. INFORMANT
    Ellen Jackson

18. BURIAL, CREMATION, OR REMOVAL
    Place: Maryland
    Date: April 25, 1937

19. UNDERTAKER
    W. C. Savage
    Address: 1432

20. FILED
    April 21, 1937

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

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

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<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: Prince George
   Village or City: Bladensburg
   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. 11 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   George W. Matier
   Residence: Bladensburg, MD
   If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5a. If married, widowed, or divorced
Male | White | WIFE of

6. DATE OF BIRTH
   Years | Months | Days | IF LESS than 1 day, . hrs. or . min.
82

7. AGE
   Years | Months | Days
82

8. Occupation
   Veterinarian

21. DATE OF DEATH
   Month | Day | Year
April | 14 | 1937

22. I HEREBY CERTIFY that I attended deceased
   On April 14, 1937, in . . . . I last saw him alive on . . . ., 1937, 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:

   Date of onset
   4/15/37

Other Contributory Causes of Importance:

   Sclerosis

Name of operation
Date of
What last 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).

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

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<th>Date of onset</th>
<th>Date of onset</th>
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<tr>
<td>Arteriosclerosis</td>
<td>MAY 7, 1937</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td></td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>BUREAU Y. S.</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

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

Other contributory causes of importance:

<table>
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<th>Cause of death</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
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</tbody>
</table>
| Gastroenteritis|               | 1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Prince George
   Village or City: Hyattsville

2. FULL NAME
   First Name: Fred
   Last Name: Manser

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

4. DATE OF DEATH
   Month: Apr
   Day: 6
   Year: 1937

5. AGE
   Years: 52
   Months: 23
   Days: 0

6. OCCUPATION
   Trade: Printer
   Industry or Business: Newspaper printer

7. DATE OF BIRTH
   Month: Oct
   Day: 12
   Year: 1906

8. BIRTHPLACE
   City or Town: Middletown
   State or Country: MD

9. MOTHER'S NAME
   Maiden Name: Katherine Nison
   Mother's Father: Mr.
   Mother's Mother: Mrs.

10. BURIAL, CREMATION, OR REMOVAL
    Place: Catholic Deaconess Cemetery
    Date: Apr 7, 1937

11. UNDERTAKER
    Address: Hyattsville MD

12. MEDICAL CERTIFICATE OF DEATH
    Date of Onset: Apr 6, 1937
    Date of Death: Apr 6, 1937
    Cause of Death: Apoplexy

13. OTHER CONTRIBUTORY CAUSES OF DEATH
    Cause: Pneumonia

14. ANNOUNCEMENT
    Date: Apr 7, 1937

15. REGISTRATION DISTRICT No. 245

16. INTERMENT
    Place: Catholic Deaconess Cemetery
    Date: Apr 7, 1937

17. Registrant (Address)
    Name: Fred Jerome Manser
    Address: Garfield Ave, Hyattsville

18. Undertaker (Address)
    Name: D. W. Moses
    Address: Hyattsville MD

19. Date: Apr 7, 1937

20. Signed (Address)
    Name: Mrs. J. A. Manser
    Address: Middletown MD

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, requesting U. S. No. 1.
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Other contributory causes of importance:

Gallstones                       | 1923 May 1    |

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Date of onset:

1 week ago
1 week ago
3 days ago
1 year

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

1. PLACE OF DEATH
   County: Prince Georges
   Village or City: Upper Marlboro Park, Md.
   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: 70 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Flora Mcdonald Mitchell
   If U.S. Veteran, specify WAR
   (a) Residence: No. 6621—Eastern Ave.
      (Usual place of abode)
      St., Ward.
      If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
   4. COLOR OR RACE: W
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

5a. If married, widowed, or divorced
   MARRIED TO (or WIFE of)
   Edward Mitchell

6. DATE OF BIRTH (month, day, and year): Mar. 6, 1874

7. AGE: 64 Years
   Months
   Days

   If LESS than 1 day, hrs.
   or min.

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

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

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

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

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

13. NAME: John Gold

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

15. MAIDEN NAME: Mary Halle

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

17. INFORMANT (Address): Mary Rochell

18. BURIAL, CREMATION, OR REMOVAL
   Place: Washington, D.C.
   Date: May 3, 1937


20. FILED: April 30, 1937
    Mrs. J. S. Winters
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 30, 1937

22. I HEREBY CERTIFY That I attended deceased from April 30, 1937, to April 30, 1937, and to have occurred on the date stated above, at 1211 A.M.
   The principal cause of death and related causes of importance were as follows:
   Bronchial pneumonia, April 30, 1937
   Chronic myocardiitis, Sept. 30, 1936, Three years.
   Other Contributory Causes of Importance:
   Bronchial asthma, Undetermined

Name of operation:

What test confirmed diagnosis? Clinical

Date of:

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
   Accident, suicide, or homicide? No
   Date of injury:
   Where did injury occur?
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE

Manner of injury:

Nature of injury:

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   IF SO, SPECIFY:
   Signature:
   (Address): 1332 Mass. Ave. N.W.
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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: [Missing]
- Village or City: [Missing]
- No. [Missing] 
- Registration Dist. No.: 237 
- Ward: [Missing]

Length of residence in city or town where death occurred: 44 yrs. 4 mos. 9 ds.

**2. FULL NAME**
(a) Residence: No. 326, Compton St., Ward.
(b) If U. S. Veteran, specify WAR: [Missing]
(c) If nonresident give city or town and State: [Missing]

**PERSONAL AND STATISTICAL PARTICULARS**

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<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>M</td>
<td>W</td>
<td>Married</td>
</tr>
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</table>

**SEX**
- M: Male
- W: Female

**PLACE OF BIRTH**
- Dec. 6, 1882
- State: Md.

**DATE OF DEATH**
- April 17, 1937

**MEDICAL CERTIFICATE OF DEATH**

**OCCUPATION**
- Text: [Missing]

**DATE OF DEATH**
- April 17, 1937

**DATE OF DEATH**
- April 10, 1937

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
- Text: [Missing]

**BIRTHPLACE**
- Place: Laurel, Md.

**MOTHER**
- Name: Ida Davis

**FATHER**
- Name: James Nichols

**BIRTHPLACE**
- State: Md.

**INFORMANT**
- Name: Lucienne Nichols

**BURIAL, CREMATION, OR REMOVAL**
- Place: Hillside Avenue

**UNDERTAKER**
- Name: D. H. Mickle

**FILED**
- Date: Feb. 19, 1938

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<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1929</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CHANGES in date of death and informant's first name made in accordance with new certificate and statement signed by Dr. Steward, filed April 28, 1937 - Bureau Vital Statistics. - BY II
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Prince George's
   - Village or City: College Park

2. **FULL NAME**
   - Shirley Inez Marie Palus
   - If U.S. Veteran, specify WAR: 

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Female
   - COLOR OR RACE: White
   - SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   - If married, widowed, or divorced: HUSBAND or WIFE of
   - DATE OF BIRTH (month, day, and year): January 30, 1897
   - AGE: 42 Years 5 Days
   - TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Child
   - OCCUPATION: 
   - DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): 
   - TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 

4. **BIRTHPLACE**
   - City or town: College Park, Md.
   - State or country: 

5. **MAIDEN NAME**
   - Name: Mella May Willard
   - BIRTHPLACE (city or town): Penna.
   - State or country: 

6. **INFORMANT**
   - Name: Mrs. Robert Willard
   - Address: College Park, Md.

7. **BUIAL, CREMATION, OR REMOVAL**
   - Place: Burtonsville Ind.
   - Date: April 6, 1937
   - Undertaker: The White Mort & Cremation Co.

8. **DATE OF DEATH**
   - Month: April
   - Day: 4
   - Year: 1937

9. **I HEREBY CERTIFY**
   - That I attended deceased from
   - April 4, 1937, to 
   - April 5, 1937; death is said to have occurred on the date stated above at 3:30 pm.
   - The principal cause of death and related causes of importance were as follows:
     - Pneumonia;
     - Date of
     - Other contributory causes of importance:
     - Date of

10. **MANNER OF DEATH**
    - Date of

11. **NATURE OF INJURY**
    - Date of

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

13. **FILED**
    - Date: April 6, 1937

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.

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

| Example I |
|-------------|-----------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | May 6, 1937 |
| 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

For authorization, change date of birth see birth certificate on file
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Prince George
Village or City: Mt. Airy

2. FULL NAME

James Francis Pearson
(a) Residence: No. 3302 Rhode Island Ave.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male

4. COLOR OR RACE
White

5a. If married, widowed, or divorced
HUSBAND of
Laura S. Pearson

6. DATE OF BIRTH
May 11, 1853

7. AGE
83 yrs, 11 mos, 20 days

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE

13. NAME
James P. Pearson

14. BIRTHPLACE

15. MAIDEN NAME
Jane Cochran

16. BIRTHPLACE

17. INFORMANT
Mr. James S. Pearson

18. BURIAL, CREMATION, OR REMOVAL
Place: Alexander, Va.; Date: April 28, 1937

19. UNDERTAKER

20. FILEO

21. DATE OF DEATH
April 28, 1937

22. I HEREBY CERTIFY

I certify that I attended deceased from April 19, 1937, to April 28, 1937.
I saw deceased alive on April 19, 1937; death is said to have occurred on the date stated above, at 5:10 a.m.

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

Acute myocarditis

Other Contributory Causes of importance:
Left hydronephrosis

Name of operation

What test confirmed diagnosis

Date of

Was there an autopsy

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

Accident, suicide, or homicide

Date of injury

Where did injury occur

(Specify city or town, county and State)

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

Manner of injury

Nature of injury

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

If so, specify

(Signed)

Address

Registrar

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

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

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

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

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

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

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

<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>MAY 6, 1937</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1 week ago</td>
</tr>
<tr>
<td></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**

1. PLACE OF DEATH
   - County: Prince Georges
   - Village or City: Brentwood
   - Registration Dist. No.: 39/16
   - Length of residence in city or town where death occurred: yrs. 7 mos. 26 days.

2. FULL NAME
   - Residence: 52 Franklin P. Hall St.
   - (Usual place of abode)
   - If nonresident give city or town and State

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. SEX</td>
</tr>
<tr>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH (month, day, and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 29, 1872</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 yrs. 1 months 27 days</td>
</tr>
</tbody>
</table>

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

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

| 10. Date deceased last worked at this occupation (month and year) |
| 44 yrs |

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

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

| 13. NAME |
| Gustave Berliner |

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

| 15. MAIDEN NAME |
| |

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

| 17. INFORMANT (Address) |
| Louis Berliner |

| 18. BURIAL, CREMATION, OR REMOVAL |
| Place: | Date: |
| Mark St. | 4/26, 1937 |

| 19. UNDERTAKER (Address) |
| C. J. Bogen |

| 20. FILED (Address) |
| 1/25, 1937 |

| 21. DATE OF DEATH (Month) (Day) (Year) |
| April 26 |

| 22. I HEREBY CERTIFY, That I attended deceased from |
| Feb 28, 1937, to April 20, 1937 |

| 23. The PRINCIPAL CAUSE OF DEATH and related causes of importance as follows: |
| Central Hemorrhage |

| Other Contributory Causes of Importance: |
| Artiosclerosis |

| Name of operation | Date of operation |
| Other 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 | |
| 24. Was disease or Injury In any way related to occupation of deceased? |
| If so, specify | |

If more blanks are needed, address State Registrar, 2410 N. Charles Street, Baltimore, Requesting U. S. N. Industry.
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**

| 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 | 1921 | 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 | Gastrocouteritis | 1 year |

**Example II**

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**
1. PLACE OF DEATH
   County: Prince George's
   Village or City: Bethesda, Md.
   Length of residence in city or town where death occurred: 5 yrs. mos. ds.

2. FULL NAME: Jennie Earnell Priceard
   (a) Residence: Bethesda, Md.

3. SEX: Female
4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   (Write the word)
   HUSBAND OF: William T. Priceard

6. DATE OF BIRTH (month, day, and year): June 26, 1848
7. AGE: Years 88, Months 9, Days 13

8. OCCUPATION: Housewife
9. Date deceased last worked at this occupation (month and year): 1930
10. Total time (years) spent in this occupation: 52

12. BIRTHPLACE (city or town): Belfast, Ireland
13. NAME: John Earnell
14. BIRTHPLACE (city or town): England
15. MAIDEN NAME: Earnell
16. BIRTHPLACE (city or town): England
17. INFORMANT (Address): Etta C. Mac Donald, Bethesda, Md.
18. BURIAL, CREMATION, OR REMOVAL:
   Place: Blackstone Va. Date: Apr 11, 1937
19. UNDERTAKER (Address): G. H. Glanville, c/o
20. FILED: Apr 7, 19

21. DATE OF DEATH: April 5, 1937

22. I HEREBY CERTIFY that I attended deceased from October 1936 to April 8, 1937, to have occurred on the date stated above, at 10:45 A.M.
   The principal cause of death and related causes of importance were as follows:
   Pneumonia, Anemia, fever...

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

23. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide:...
   Date of injury: 19...
   Where did injury occur?:...
   Specify whether injury occurred in industry, in home, or in public place.
   Manner of injury...
   Nature of injury...

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

   If so, specify:...
   (Signed):...

   Registrar:...

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

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

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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:

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<tr>
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<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<td>Chronic interstitial nephritis</td>
<td>MAY 6 1927</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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<td>1 week ago</td>
</tr>
<tr>
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<td>3 days ago</td>
</tr>
</tbody>
</table>

| Other contributory causes of importance: | |
| Gastroenteritis | 1 year |

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

## 1. PLACE OF DEATH
- County: Prince George
- Village or City: Oxon Hill
- Registration Dist. No.: 238

## 2. FULL NAME
- Charles Jacob Seltner
- If U. S. Veteran, specify WAR

## PERSONAL AND STATISTICAL PARTICULARS
- SEX: M
- COLOR OR RACE: W
- SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

## 6. DATE OF BIRTH
- Month: Dec
- Day: 27
- Year: 1862

## 11. OCCUPATION
- Farmer

## 21. DATE OF DEATH
- Month: April
- Day: 24
- Year: 1937

## MEDICAL CERTIFICATE OF DEATH
- The principal cause of death was:
  - Atrophic Cirrhosis of liver
  - Nerve bladder and addiction

## OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
- Marked, according to physician's knowledge
- Evidence of parasitic infection

## BURIAL, CREMATION, OR REMOVAL
- Place: Oxon Hill
- Date: 4/27/1937

## FILED
- Date: 4/27/1937

---

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.
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<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>1 week ago</td>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<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>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: Mt. Vernon, Md.
   Registration Dist. No. 276
   No. ___
   St.
   Ward

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

3. SEX
   Female
   Race: White

4. COLOR OR RACE
   White

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

6. DATE OF MARRIAGE
   If married, widowed, or divorced
   HUSBAND of or WIFE of
   Joseph Francis

7. DATE OF BIRTH
   Month: June
   Day: 16
   Year: 1875

8. AGE
   Years: 61
   Months: 8
   Days: 21
   If less than 1 day, hrs., or min.

9. TRADE, PROFESSION, OR PARTICULAR
   OCCUPATION
   At Home

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

11. TOTAL TIME (YEARS) SPENT IN THIS
     OCCUPATION

12. BIRTHPLACE
   City or town: Prince George Co.
   State or country: Md.

13. NAME
   William Page

14. BIRTHPLACE
   City or town: Alexandria
   State or country: Va.

15. MAIDEN NAME
   Mary Combe

16. BIRTHPLACE
   City or town: Va.
   State or country: Va.

17. INFORMANT
   Informant: Maggie Ellen
   Address: 1227 Place, Wash., D.C.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Washington, D.C.
    Date: April 10, 1937

19. Undertaker
    The S. H. W. D. Company
    Address: 201-14th St., N.W.

20. FILED
    No. 10, 1937

21. DATE OF DEATH
    Month: April
    Day: 10
    Year: 1937

22. I HEREBY CERTIFY
    That I attended deceased from
    April 10, 1937, to
    April 10, 1937

    (Sign)
    M.D.

Other Contributory Causes of Importance:

Name of operation:

Date of:

What last confirmed diagnosis:

Was there an autopsy:

23. IF DEATH WAS DUE TO EXTERNAL CAUSES
    (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide:
    Date of injury:
    Where did injury occur:
    (Specify city or town, county and state)
    Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE
    Manner of injury:
    Nature of injury:

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

If more blanks are needed, address State Registrar, 2414 N. Charles Street, Baltimore, Requesting "U.S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>MAY 6 1937</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | June 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Prince George's
   Village or City: Brandywine Heights
   Length of residence in city or town where death occurred: yrs.  mos. ds.

2. FULL NAME: William Fred Shepherd
   (a) Residence: No. 1104 Southern Ave., St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of:
   Ida Shepherd
6. DATE OF BIRTH (month, day, and year): March 21, 1876
7. AGE: 61
8. Trade, profession, or particular kind of work done, (ex. Spinner, Sawyer, Bookkeeper, etc.): Retired
9. Industry or business in which work was done, (ex. 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:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 1, 1937
22. I HEREBY CERTIFY, That I attended deceased from
   (Month) 19___ to (Month) 19___; death is said
   to have occurred on the date stated above, at 1:34 p.m.
   The Principal Cause of Death and related causes of importance
   were as follows:
   Cardiovascular Disease
   Coronary Thrombosis

OCCUPATION

Other Contributory Causes of Importance:

Name of operation:
Wet test confirmed diagnosis: None
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: 19___
   Where did injury occur?: (Specify city or town, county and State)
   Specify whether Injury occurred in Industry, in Home, or in Public Place.

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

   Nature of Injury:

   Manner of Injury:

   Nature of Injury:

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

   Registrar.

   Signed: [Signature]
   Address: [Address]
   Date: [Date]
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<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</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Prince Georges
   - Village or City: Hyattsville
   - Registration Dist. No.: 24.5

2. **FULL NAME**
   - trailers: 36 yrs., mos., ds.
   - Residence: No. 1, S. Hyattsville, MD
   - Ward: 1

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF DEATH**
   - Month: July
   - Day: 5
   - Year: 1949

7. **AGE**
   - Years: 88
   - Months: 1
   - Days: 19

8. **Trade, profession, or particular kind of work done**
   - at home

9. **DATE deceased last worked at this occupation**
   - Date of onset

10. **BIRTHPLACE**
    - City or town: Jamaica, W.I.

11. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - 71.3% many years

22. **I HEREBY CERTIFY**
    - That I attended deceased from April 17, 1933, to April 4, 1933.
    - I last saw him alive on April 6, 1933.
    - Death is said to have occurred on the date stated above, at 7:10 a.m.
    - The principal cause of death and related causes of importance were as follows:

   - Combined apoplexy

   - Other contributory causes of importance:
   - 71.3% many years

23. **IF DEATH DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:**
   - Accident, suicide, or homicide:
   - Date of injury: 4th
   - Where did injury occur:
   - Specify whether injury occurred in industry, in home, or in public place:
   - Menace of injury:
   - Nature of injury:

24. **WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
    - If so, specify:
      - Signed:
      - Address:

25. **FILED**
    - Date: April 12, 1949
    - Name: John Robertson

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

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

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<tr>
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<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>May 6, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>July 5, 1927</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Prince Georges
   Village or City: Park
   No.: 29
   St.: Flower Ave
   Registration Dist. No.: 245
   Ward: St.
   Length of residence in city or town where death occurred: 3 yrs., 6 mos., 6 ds.
   How long in U.S. if of foreign birth?: yrs., mos., ds.

2. FULL NAME: Valeria Elizabeth Swearingen
   (a) Residence: No. 29 Flower Ave
   If a nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word): WIDOWED
   5a. If married, widowed, or divorced, name of spouse:

6. DATE OF BIRTH (month, day, and year): Sept. 8, 1854

7. AGE
   Years: 82
   Months: 7
   Days: 14
   If less than 1 day, hours, or minutes:

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

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Churn (cook's) home

10. Date deceased last worked at this occupation (month and year): April 1939

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

12. BIRTHPLACE (city or town) (State or country):
   Philadelphia, Penna

13. NAME: DOUGLAS HUBBARD
   MOTHER: Maria Sextus
   FATHER: James (?)

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

15. MAIDEN NAME: Loreta Maria Sextus

16. BIRTHPLACE (city or town) (State or country): Havana, Cuba

17. INFORMANT: N. P. Swearingen (son)
   Address: 29 Flower Ave, Oak Park

18. BURIAL, CREMATION, OR REMOVAL
   Place: Cedar Hill
   Date: April 23, 1939

19. UNDERTAKER: WARNER E. PUMPHEY
   Address: Surviving M.
   April 23, 1939

20. FILED: April 23, 1939
   Registrar: Myrtle E. Smith
   Address: Burlington Hotel

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

| Other contributory causes of importance: |
| Gallstones | May 1, 1928 |

<table>
<thead>
<tr>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
</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: Prince George's
   Village or City: Croome
   Length of residence in city or town where death occurred: 2 yrs. 4 mos. 1 ds.

2. FULL NAME
   (a) Residence: No. 23 Croome, Md.
   Residence: St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, year)
   Not Known

7. AGE
   Years: 54
   Months: 11
   Days: 0

8. Trade, profession, or particular kind of work done, as Spinner, Sawyer, Bookkeeper, etc.
   Merchant

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

10. Date deceased last worked at this occupation (month and year)
    April 7, 1897

11. Total time (years) spent in this occupation
    2 yrs. 4 mos. 1 ds.

12. BIRTHPLACE (city or town)
    Croome, Md.

13. NAME
    James A. Sweeney

14. BIRTHPLACE (city or town)
    B. Georgi's Co.

15. MAIDEN NAME
    Christiana Wilson

16. BIRTHPLACE (city or town)
    B. Georgi's Co.

17. INFORMANT
    Edward Sweeney
    (Address): Croome, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Interments: Apr. 9, 1897

19. UNDERTAKER
    Michael Smith
    (Address): Croome, Md.

20. FILED
    April 9, 1897
    Registrar: A. M. D.

21. DATE OF DEATH
    April 7, 1897

22. I HEREBY CERTIFY, That I attended deceased from 1919 to 1919
    I last saw h. alive on 1919 19
    to have occurred on the date stated above, at 7.30 a.m.

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

24. Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy?

25. 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

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

If so, specify

27. Signature of physician

(Address)

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>Cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Brentwood
   No. 3720 Yash St., 4th Ward
   Length of residence in city or town where death occurred: 24 yrs. 3 mos. 26 ds.

2. FULL NAME: Edward Sword
   Residence: No. 3720 Yash St., 4th Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Dec. 14, 1876
7. AGE: 61 Years, 3 Months, 26 Days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Steamfitter
   Industry or Business in which work was done: Washington, D.C.
   Date deceased last worked at this occupation: Oct. 1933
   Total time (years) spent in this occupation: 32 Years

9. OCCUPATION: Steamfitter

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

11. NAME: Charles Sword
    (State or country)

12. MOTHER: Catherine Beavers
    (State or country)

13. FATHER: Virginia Sword
    (State or country)

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

15. MAIDEN NAME: Catharine Beavers

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

17. INFORMANT (Name and Address): Mrs. Florence Sword, 309 Rock Creek Church Rd.

18. BURIAL, CREMATION, OR REMOVAL: Cedar Hill M.C. APR 29, 1937

19. UNDERTAKER (Name and Address): E. F. Bratton, 373 E. Main St.

20. FILED: April 29, 1937

21. DATE OF DEATH: April 27, 1937

    Last saw him alive on April 27, 1937; death is said to have occurred on the date stated above, at 10:30 a.m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Hypertension Arteriosclerotic Disease
    Cerebral Hemorrhage
    Date of onset: 4-27-1937

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
    Cerebral Aneurysm
    Date of onset: 4-27-1937

24. Was disease or injury in any way related to occupation of deceased? No
    If so, specify:
    (Signed) L. W. Moore, M.D.
    (Address) 3303 Blanding St., Mt. Vernon

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, 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**

<p>| The principal cause of death and related causes of importance were as follows: |</p>
<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

**Example II**

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

1. PLACE OF DEATH
   County: Prince George
   Village or City: Oxon Hill, Md.
   Length of residence in city or town where death occurred: 32 yrs., mos., ds.

2. FULL NAME: Isabella Austin Thompson
   (a) Residence: No. 2398 2nd St., Ward.
   If nonresident give city or town and State
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5a. If married, widowed, or divorced:
   HUSBAND OF: Mervin Thompson
   Residency: at home

6. DATE OF BIRTH (month, day, and year): November 18, 1864
7. AGE: 72 Years, 4 Months, 0 Days

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: at home
10. Date deceased last worked at this occupation: April 1939
11. Total time (years) spent in this occupation: Hill

12. BIRTHPLACE (city or town): Oxon Hill
   (State or country): Maryland
13. NAME: William Reeves
14. BIRTHPLACE (city or town): Maryland
   (State or country): Maryland
15. MAIDEN NAME: Rachel Emily Hayward
16. BIRTHPLACE (city or town): Maryland
   (State or country): Maryland
17. INFORMANT: James Mervin Thompson
   (Address): Anacostia Dr.
18. BURIAL, CREMATION, DR REMOVAL: Oxon Hill, Md.
   Place: Date: 4/17, 1937
19. UNDERTAKER: Thomas A. Murray
   (Address): Washington, D.C.

21. DATE OF DEATH: April 14, 1937
22. I, HEREBY CERTIFY, That I attended deceased from April 11, 1937, to April 14, 1937.

   Name of operation. Date of:
   Whet test confirmed diagnosis? Yes
   Where there an eulogy? Yes
   If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: Date of Injury: 4/14, 1937
   Where did injury occur? (Specify city or town, county and State)
   Nature of Injury: Manne of Inury:
   Nature of Injury:

23. Was disease or injury in any way related to occupation of deceased?
   If so, specify:
   (Signed): Paul C. Van Houten, M.D.
   (Address): Kensington, D.C.

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

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

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 complications of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>RECEIVED 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>MAY 5 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td>BURBANK V. S.</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

**1. PLACE OF DEATH**
- County: Prince George
- Village or City: Fairmount Heights
- Registration Dist. No.: 2-48
- Length of residence in city or town where death occurred: 9 yrs. mos. ds.

**2. FULL NAME**
- Mary J. Turner
  - Residence: No. 5702 Wilson Rd.
  - If U.S. Veteran, specify WAR

**PERSONAL AND STATISTICAL PARTICULARS**

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

**6. DATE OF BIRTH**
- Feb. 23, 1874

**7. AGE**
- Years: 64
- Months: 9
- Days: 0

**8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE**
- Housewife

**9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE**
- Own Home

**10. DATE DECEASED LAST WORKED AT THIS OCCUPATION**
- March 1937

**11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**
- 64 years

**12. BIRTHPLACE**
- City or town: Washington
- State or country: D.C.

**13. NAME**
- Mother: Catherine Clark
- Father: Thomas Clark

**14. BIRTHPLACE**
- City or town: Washington
- State or country: D.C.

**15. MAIDEN NAME**
- Catherine Clark

**17. INFORMANT**
- Mrs. Lottie Bellum
- Address: 5702 Wilson Rd.
- Date of Death: April 23, 1937

**18. BURIAL, CREMATION, OR REMOVAL**
- Place: Washington, D.C.
- Date: April 26, 1937

**19. UNDERTAKER**
- Walter E. Hunter
- Address: 2503 N. California Ave.
- Date: April 25, 1937

**20. FILED**
- April 24, 1937

**21. DATE OF DEATH**
- April 23, 1937

**MEDICAL CERTIFICATE OF DEATH**

**22. I HEREBY CERTIFY**
- That I attended deceased from April 8, 1937, to April 23, 1937.
- I last saw deceased alive on April 8, 1937.
- Death is said to have occurred on the date stated above, at 11:00 A.M.

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

- Broncho Pneumonia: April 19, 1937

**Other Contributory Causes of Importance:**

- Acute Pneumonia
- Neptunia: April 23, 1937

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

**23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN AS FOLLOWS:**
- Date of injury: 19
- Where did injury occur? [Specify city or town, county and State]
- Nature of injury:
- Menstrum of injury:

**24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?**
- No

**If so, specify**
- (Signed) Harrison B. Raymond
- M.D.
- Address: Fairmount Heights, D.C.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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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>1910</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, 1928</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>
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Other contributory causes of importance:

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<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: Hyattsville Md. Post Office: Gilmore
   Village or City: Chevly
   Registration Dist. No.: 2415
   No.: Martin Jones Post Office: Ward
   Length of residence in city or town where death occurred: yrs. 2 mos. ds.
   (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.

2. FULL NAME: Mary Alice Voss
   Residence: No.
   (Up place of abode)
   If U.S. Veteran, specify WAR:

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: Female
   4. COLOR OR RACE: White
   5a. If married, widowed, or divorced: WIFE of

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: April 12, 1937

   22. I HEREBY CERTIFY that I attended deceased from
    March 5, 1937, to April 12, 1937.
    I last saw her alive on April 12, 1937; death is said
    to have occurred on the date stated above, at 11 p.m.
    The principal cause of death and related causes of importance
    were as follows:
    Acute Cardiac Failure
    Nephritis, Chronic
    Arteriosclerosis
    Other Contributory Causes of Importance:

   12. BIRTHPLACE (city or town):
      (State or country): Oyster
      Name of operation:
      Was there an autopsy?

   13. NAME: William Voss
   14. BIRTHPLACE (city or town):
      (State or country): Germany
      Date of:

   15. MAIDEN NAME: Editha Bess
   16. BIRTHPLACE (city or town):
      (State or country): Regensburg
      Where did injury occur?
      Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   17. INFORMANT: Miss Mary Voss
      (Address): 1422 Euclid St. N.W.
      Nature of injury:

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Wash. D.C. Date: 4/12/37, 19
      Men of injury:

   19. UNDERTAKER (Address): Mr. St. Huntzmann
      1011-7 of 7th St.
      Nature of injury:

   20. FILED: April 13, 1937
      Registrars
      If more blank 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><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>MAY 6, 1937</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>May 1, 1923</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>1 year</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Washington

Village or City: Children's Tuberculosis Sanitarium, Glen Dale

Registration Dist. No. 242

Ward: St. Ind.

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

Irene Walls

(a) Residence: No. 300 P St., N.W., Wash., D.C., Ward.

3. SEX

Female

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

4. COLOR OR RACE

Colored

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

SINGLE

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

June 7, 1934

7. AGE

Years: 2

Months: 10

Days: 16

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)

Washington, D.C.

(State or country)

13. NAME

Raymond Walls

14. BIRTHPLACE (city or town)

Washington, D.C.

(State or country)

15. MAIDEN NAME

Evelyn Jones

16. BIRTHPLACE (city or town)

Maryland

(State or country)

17. INFORMANT

Raymond Walls

300 P St., Wash., D.C.

Address:

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

Malzahn & Schott

20. FILED

Dec. 2, 1937

Mrs. Frances A. Hower

P. L. Registrar

21. DATE OF DEATH

April

23rd

1937

22. I HEREBY CERTIFY. That I attended deceased from March 17th, 1937, to April 23rd, 1937. I last saw him alive on March 18th, 1937; he died on April 23rd, 1937.

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

Accident, suicide, or homicide? Date of injury

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

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) Daniel Lee Tunnard, M.D.

ADDRESS: 3611 3rd St., Wash., D.C.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

| Gallstones | May 1, 1925 |

Example II

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<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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<tbody>
<tr>
<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: Prince George
   - Village or City: Seat Pleasant, Maryland

2. **FULL NAME**
   - Gertha Owens Watkins
   - U.S. Veteran: No

3. **SEX**
   - Female

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Oct. 17, 1883

7. **AGE**
   - 53 years, 6 months, 3 days

8. **OCCUPATION**
   - Housewife

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - May 1, 1937

10. **DEATH**
    - Asphyxiation from inhalation of gas

11. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - Used gas on stove

12. **BIRTHPLACE**
    - Calvert County, Maryland

13. **NAME**
    - Gabriel Schley

14. **MOTHER NAME**
    - Patience Hardawy

15. **BIRTHPLACE**
    - Calvert County, Maryland

16. **INFORMANT**
    - Mrs. Milton C. Watkins

17. **BURIAL, CREMATION, OR REMOVAL**
    - Addiean Chapel, April 23, 1937

18. **UNDEUTKER**
    - J. M. Leis, Sr.

19. **FILED**
    - April 23, 1937

20. **REGISTRATION DISTRICT NO.**
    - 249

21. **DATE OF DEATH**
    - April 20, 1937

22. **I HEREBY CERTIFY**
    - That I attended deceased from 19 to 19
    - I last saw him alive on about 19, death is said to have occurred on the date stated above, at 11:30 A.M.

23. **OTHER CONCURRENTLY**
    - Used gas on stove

24. **DISEASE OR INJURY RELATED TO OCCUPATION**
    - No

25. **ADDRESS**
    - 6216 Rock, N. W.

26. **REGISTRAR**
    - W. LeRoy Mitchell, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Date of onset: 1915
Date of onset: 1 week ago
Date of onset: 1921
Date of onset: 1 week ago
Date of onset: July 9, 1927
Date of onset: 3 days ago
Date of onset: May 1, 1923
Date of onset: 1 year