**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Brunswick
   - Length of residence in city or town where death occurred: 18 yrs. mos. ds.

2. **FULL NAME**
   - (a) Residence: No. 309, Brunswick St., Ward.
   - Registration Dist. No.: 4
   - No., St., Ward:
   - 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.
   - Veteran, specify WAR:

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Male
   - COLOR OR RACE: White
   - SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   - If married, widowed, or divorced HUSBAND OF (or) WIFE OF: Allie M. Alexander
   - DATE OF BIRTH (month, day, and year): February 16, 1861
   - AGE: 76 yrs.
   - Occupation: Farmer
   - BORR.
   - Date deceased last worked at this occupation (month end year): Jan. 1928
   - Total time (years) spent in this occupation: 43 yrs.

4. **BIRTHPLACE**
   - (city or town): Knoxville, Tennessee
   - (State or country): Tennessee

5. **NAME**
   - NICKNAME: Alexander
   - MARRIED NAME: Alexander

6. **MARRIED NAME**
   - FATHER: Joseph Alexander
   - BIRTHPLACE (city or town): Knoxville, Tennessee
   - State or country: Tennessee
   - MOTHER: Sarah Payne
   - BIRTHPLACE (city or town): Knoxville, Tennessee
   - State or country: Tennessee

7. **INFORMANT**
   - Relation to deceased: Daughter
   - Address: Brunswick St., Ward.

8. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Brunswick
   - Date: June 12, 1937

9. **UNDERTAKER**
   - Name: J. S. Edwin
   - Address: Brunswick St.

10. **FILED**
    - Date: June 11, 1937

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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

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

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

**Example I**

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

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 |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Frederick, Md.
Village or City: State Sanatorium, Md.
Length of residence in city or town where death occurred: 1 yrs. 4 mos. 5 ds.

2. FULL NAME

(Full name) Fred A. Andrews
(a) Residence: No. 1535 Carswell St., Baltimore, Maryland
(Usual place of abode)

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)

Dec. 11 1896

7. AGE

40 yrs.

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

Clerk

9. OCCUPATION

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

Dec. 1935

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12 yrs.

12. BIRTHPLACE (city or town)

Maryland

13. NAME

Arthur Andrews

14. BIRTHPLACE (city or town)

Maryland

15. MAIDEN NAME

Elizabeth Daniels

16. BIRTHPLACE (city or town)

Maryland

17. INFORMANT

Fred A. Andrews

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore, Md.
Date: Unknown

19. UNDERTAKER

M.L. Creager

20. FILED

12-87

REGISTRATION DIST.

139

M.D.

PAUL B. CHERN

Registrar

Date of onset: Aug. 1935

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Myocardial Insufficiency

Name of operation: none

Post Sputum Chest X-ray: no

Wet test confirmed diagnosis: yes

Was there an autopsy? no

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

Date of injury: 19

Manner of injury:

Nature of injury:

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

If so, specify

(ADDRESS)

State Sanatorium
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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- The industry or business in which the work was done.
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<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

### Example II

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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<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: Frederick
   Village or City: Frederick
   Registration Dist. No: 181
   No. Frederick City Hospital: Y
   Length of residence in city or town where death occurred: 40 yrs. mos. ds.

2. FULL NAME
   Mr. Harry Baer
   If U.S. Veteran, specify War: WWII
   (a) Residence: No. 479 W. South

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Dec. 23, 1864
7. AGE (Years, Months, Days): 73 yrs.
8. Trade, profession, or particular kind of work done: Railroad Agent
9. Industry or business in which work was done: SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year): June 1, 1928
11. Total time (years) spent in this occupation: 17 yrs.

12. BIRTHPLACE (city or town): Frederick, Md.
13. NAME: Henry Baer
14. BIRTHPLACE (city or town): Frederick, Md.
15. MAIDEN NAME: Sarah Carmi
16. BIRTHPLACE (city or town): Frederick, Md.
17. INFORMANT: Mrs. Nellie Baer
18. BURIAL, CREMATION, OR REMOVAL
   Place: Frederick County, Date: June 26, 1937

19. UNDERTAKER: T. C. Clinton & Son
20. FILED: 24 June, 1937

21. DATE OF DEATH
   Day: 28
   Month: July
   Year: 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1937, to July 28, 1937. I last saw him alive on June 28, 1937, at 3:00 p.m. His death was on the date stated above, at 3:00 p.m. The principal cause of death and related causes of importance were as follows: Syphilis, nephritis.

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: Date of Injury: 1937
   Where did injury occur? Frederick, Md.
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.
   Nature of Injury:
   Date:
   Nature of Injury:
   Name of operation:
   Date of:
   What test confirmed diagnosis?:
   Was there an autopsy?:

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

SIGNED: M. S. Bozman, M.D.
Address: Frederick, Md.

If more blanks are needed, address State Registrar, 2422 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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<table>
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<tr>
<th>Example I</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset: <strong>Jul 6 1937</strong></td>
<td>Date of onset: <strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset: <strong>1921</strong></td>
<td>Date of onset: <strong>1 week ago</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>Date of onset: <strong>July 5, 1927</strong></td>
<td>Date of onset: <strong>3 days ago</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td>Date of onset: <strong>May 1, 1928</strong></td>
<td>Date of onset: <strong>1 year</strong></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County Frederick
Village or City Frederick
Length of residence in city or town where death occurred 40 yrs mos ds
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William Daniel Baumgardner
(a) Residence: No. Maryland,
   St., Ward.
   If U.S. Veteran, specify War. None

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
   (Write the word)
   SHe was married July 29, 1871
   No children.

6. DATE OF BIRTH (month, day, and year) Sept. 29, 1871
7. AGE Years 66
   Months 9
   Days 14
   If less than 1 day, hours, or minutes.

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

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

10. Date deceased last worked at this occupation (month and year) 9/27
11. Total time (years) spent in this occupation 55

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

13. NAME John F. Baumgardner
14. BIRTHPLACE (city or town) Germany
   (State or country)

15. MAIDEN NAME Fannie Elizabeth Sinn
16. BIRTHPLACE (city or town) Maryland
   (State or country)

17. INFORMANT Mrs. W. D. Baumgardner
   (Address) Urbana, Maryland 21878
   Wife

18. BURIAL, CREMATION OR REMOVAL
   Place Frederick, Md.
   Date June 16, 1937

19. UNDERTAKER M. R. Etchison & Son
    (Address) Frederick, Maryland

20. FILED 15 June, 1937

21. DATE OF DEATH
   June 13th, 1937
   (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937, to June 13, 1937.
   I last saw him alive on June 13, 1937;
   death is said to have occurred on the date stated above, at 7:55 A.M.
   The principal cause of death and related causes of importance were as follows:

   Date of onset

   Other Contributory Causes of Importance:
   Neme of operation:
   Weight at operation:
   What test confirmed diagnosis?
   Was there an autopsy?

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

   Nature of injury:
   Nature of injury:

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

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

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

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Frederick
   - Registration Dist. No.: 131
   - Within City Hospital: Frederick City Hospital
   - If death occurred in a hospital or institution, give its NAME instead of street and number
   - Length of residence in city or town where death occurred: yrs. mos. ds.
   - How long in U.S. if of foreign birth: yrs. mos. ds.

2. **FULL NAME**
   - Mc Silke Beux
   - If U.S. Veteran, specify WAR

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - (b) Unusual place of abode: Dickeum Mill

4. **SEX**
   - Male
   - White

5. **COLOR OR RACE**
   - Midwed

6. **SINGLE, MARRIED, WIDOWED, OR DIVORCED**
   - Widowed
   - HUSBAND or WIFE: Anne Remson Barnard

7. **DATE OF BIRTH**
   - Aug. 5, 1856

8. **AGE**
   - Years: 80
   - Months: 10
   - Days: 7

9. **OCCUPATION**
   - Farmer

10. **DATE OF DEATH**
    - June 12, 1937

11. **DATE OF BIRTH**
    - Aug. 5, 1856

12. **BIRTHPLACE**
    - Maryland

13. **NAME**
    - John Mc Beux

14. **FATHER**
    - London Co, Va

15. **MAIDEN NAME**
    - Sarah Mc Gill

16. **MOTHER**
    - London Co, Va

17. **INFORMANT**
    - Miss Julia Beux

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Rockville
    - Date: June 12, 1937

19. **UNDERTAKER**
    - G. E. Olliveon

20. **FILED**
    - June 12, 1937

21. **DATE OF DEATH**
    - June 12, 1937

22. **MEDICAL CERTIFICATE OF DEATH**
    - I HEREBY CERTIFY, That I attended deceased from June 8, 1937, to June 12, 1937.
    - Saw h. m. alive on June 12, 1937; 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:
      - Tuberculosis
      - Arteriosclerosis

23. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - Hyperphosphatemia
    - Prostate enlarging

24. **INJURY**
    - Date of operation: 1937
    - Date of injury: June 9, 1937
    - What test confirmed diagnosis? Was there an autopsy? No

25. **INJURY**
    - Accident, suicide, or homicide? Date of injury: 1937
    - Where did injury occur? (Specify city or town, county and State)
    - Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

26. **DISEASE OR INJURY**
    - Meniere's disease
    - Nature of injury

27. **FILED**
    - June 12, 1937

If more blanks are needed, address State Registrar, 2417 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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>Jul 6, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 9, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1933 |

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: Frederick
- Village or City: Montesano, Emergency Hospital
- Registration Dist. No.: 131
- (If death occurred in a hospital or institution, give its NAME instead of street and number)
- Length of residence in city or town where death occurred: yrs. __ mos. __ ds.
- How long in U.S. If of foreign birth?: yrs. __ mos. __ ds.

2. FULL NAME
- First Name: Ferlite de Bowene
- Middle Name: If U.S. Veteran, specify WAR: None
- Last Name: (a) Residence: No. 107 West St., Ward.
- (Old place of abode): Frederick, Ind.
- 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>Female</td>
</tr>
</tbody>
</table>

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

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

| 10. Data deceased last worked at this occupation (month and year) |
| Jan. 6, 1898 |

| 11. Total time (years) spent in this occupation |
| 1937 |

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

| 13. NAME |
| Robert Thompson |

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

| 15. MAIDEN NAME |
| Henrietta Harris |

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

| 17. INFORMANT (Name) (Address) |
| Evangeline Rice |

| 18. BURIAL, CREMATION, OR REMOVAL |
| Place: Frederick, Md. |
| Date: June 21, 1937 |

| 19. UNDERTAKER (Name) (Address) |
| M. H. Fischler |

| 20. FILED (Address) (Date) |
| Frederick, Md. |
| June 21, 1937 |

| 21. DATE OF DEATH (Month) (Day) (Year) |
| June 19, 1937 |

| 22. I HEREBY CERTIFY that I attended deceased from Oct. 23, 1936 to June 19, 1937 I last saw him alive on June 23, 1937; I do certify that death occurred on the date stated above, at 9 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| Cancer of lymphatic system |

| Date of onset |
| June 19 |

| Other Contributory Causes of Importance: |

| Name of operation: Date of operation: What test confirmed diagnosis: Date of death: 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: |
| | |

| Manner of Injury: Nature of Injury: |
| | |

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

| (Signed) (Address) |
| Dr. Francisco |

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

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

To be complete, an occupation return must state:

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

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Frederick
   - Location: Within City of Frederick
   - Registration Dist. No.: 131

2. **FULL NAME**
   - Mrs. Bertha A. Bowman
   - Residence: 1732 Falson Street, Philda., Pa.
   - Occupation: Housewife

3. **SEX**
   - Female

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

6. **DATE OF BIRTH**
   - January 16, 1885

7. **AGE**
   - 52 years
   - 5 months
   - 10 days

8. **TRADE, PROFESSION, OR OCCUPATION**
   - Housewife

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION**
   - 1/37

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

11. **DATE OF DEATH**
    - June 16th, 1937

12. **BIRTHPLACE**
    - Maryland

13. **NAME OF FATHER**
    - Bradley Bowie

14. **MAIDEN NAME**
    - Lizzie Chase

15. **BIRTHPLACE OF FATHER**
    - Maryland

16. **BIRTHPLACE OF MOTHER**
    - Maryland

17. **INFORMANT**
    - Walter A. Bowman
    - Address: 34 S. Bentz Street

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Ebenezer Cem., Date: 6/19/37

19. **UNDERTAKER**
    - M.R. Etchison & Son
    - Address: Frederick, Md.

20. **FILED**
    - 18 June, 1937

21. **MEDICAL CERTIFICATE OF DEATH**
    - Date of onset: 1/37
    - Date of death: June 16th, 1937

22. **PRINCIPAL CAUSE OF DEATH**
    - Cerbral Hemorrhage

23. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - None

24. **RELATION TO OCCUPATION**
    - No

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

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

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows: Arteriosclerosis</td>
<td>1915</td>
<td>The principal cause of death and related causes of importance were as follows: 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 6, 1937</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

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

1. PLACE OF DEATH
- County: Frederick
- Village or City: Frederick
- Registration Dist. No.: 13
- Registration No.: 2535

2. FULL NAME: Thomas W. Boyce
(a) Residence: No. 525 Rehnaut St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5a. Single, Married, Widowed, or Divorced: Single
5b. HUSBAND of: (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov. 19, 1936
7. AGE: 66 Months
11. Total time (years) spent in this occupation: More

21. DATE OF DEATH
   - Month: June
   - Day: 14
   - Year: 1937

22. I HEREBY CERTIFY that I attended deceased from May 10, 1937, to June 14, 1937. I last saw him alive on June 14, 1937; death is said 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:
   - Neuritis—encephalitis

   Other Contributory Causes of Importance:
   - Meningitis
   - Two months

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1922</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>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</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: Frederick
   - Village or City: Moundora
   - Length of residence: 1 yr.
   - Emergency Hospital: Ward
   - If death occurred in a hospital, give its NAME instead of street and number

2. **FULL NAME**
   - Mrs. Maria Catherine Brightwell

   - Residence: 15 Frederick St., Frederick, Md.

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

4. **DATE OF DEATH**
   - June 6, 1937

5. **DATE OF BIRTH**
   - Feb. 3, 1899

6. **AGE**
   - 38 yrs. 0 mos. 0 ds.

7. **OCCUPATION**
   - House-work

8. **PLACE OF DEATH**
   - Frederick Co., Maryland

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

10. **MOTHER**
    - Name: Nelly Mae Eckhard
    - Address: Frederick Co., Maryland

11. **INFORMANT**
    - Name: Mrs. Adelsheu Montgomery
    - Address: Frederick Co., Maryland

12. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Frederick Co., Maryland
    - Date: June 8, 1937

13. **UNDERTAKER**
    - Name: J. E. Holton
    - Address: Frederick Co., Maryland

14. **FILED**
    - Date: June 9, 1937

15. **REGISTRATION DIST.**
    - No. 131

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

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

To be complete, an occupation return must state:
8. The trade, profession, or particular kind of work done.
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<tr>
<th>Cause of Death</th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Frederick
   Village or City: Barnesville
   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
   Infant Boy Brown
   If U.S. Veteran, specify WAR: None
   Residence: No. 6287, St. Rd., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, year)
   June 16, 1937

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

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

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

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Barnesville

13. NAME
    Infant Boy Brown

14. BIRTHPLACE (city or town)
    Barnesville

15. MAIDEN NAME
    Naomi Brown

16. MOTHER
    Elizabeth Brown

17. INFORMANT
    M. E. Brown

18. BURIAL, CREMATION, OR REMOVAL
    Place: Barnesville, Date: June 16, 1937

19. UNDERTAKER
    M. E. Brown

20. FILED
    June 16, 1937

21. DATE OF DEATH
    June 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from
    to
    July, 1937, and that death is said to have occurred on the date stated above, at 7:30 A.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Date of onset
   Other Contributory Causes of Importance:

   Name of operation
   Date of operation
   What was 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)
    Address

Registrar

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

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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>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage July 5, 1927</td>
<td>Peritonitis 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones May 1, 1923 | Gastroenteritis 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH  
   County: Frederick  
   Village or City: Montevideo  
   Length of residence in city or town where death occurred: yrs. mos. ds.  
2. FULL NAME  
   (a) Residence: No. 29 Lewis Ave, Frederick, Md.  
3. SEX  
   Female  
4. COLOR OR RACE  
   Colored  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED  
   Single  
6. DATE OF BIRTH  
   Nov. 12, 1936  
7. AGE  
   6  
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
   Draftr  
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)  
   Frederick, Maryland  
13. NAME  
   Clarence Hoffman  
14. BIRTHPLACE (city or town)  
   Maryland  
15. MAIDEN NAME  
   Ethel Brown  
16. BIRTHPLACE (city or town)  
   Maryland  
17. INFORMANT  
   Mrs. Ada Peers, Emergency Hospital  
18. BURIAL, CREMATION, OR REMOVAL  
   Centreville, Cat Cem., Date: 6/25, 1937  
19. UNDERTAKER  
   W. R. Atkinson, Sr.  
20. FILED  
   June 12, 1937  
21. DATE OF DEATH  
   June 11, 1937  
22. I HEREBY CERTIFY, That I attended deceased from  
   Nov. 12, 1936, to June 11, 1937  
   I last saw deceased alive on June 11, 1937  
   Death is said to have occurred on the date stated above, at 10:00 a.m.  
   The principal cause of death and related causes of importance were as follows:  
23. If death was due to external causes (VIOLENCE) fill in also the following:  
   Accident, suicide, or homicide?  
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.  
   Manner of injury  
   Nature of injury  
24. Was disease or injury in any way related to occupation of deceased?  
   If so, specify  

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

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

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>RECEIVED 1915</td>
<td>Attack of epilepsy 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car 1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JUL 6 1937</td>
<td>Peritonitis 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones 1923 May 1,1923

Gastroenteritis 1 year

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

**1. PLACE OF DEATH**

- **County:** Frederick
- **Village or City:** Unsworth, Md.
- **Length of residence in city or town where death occurred:** 8 yrs. mos. ds.
- **If death occurred in a hospital or institution, give its NAME instead of street and number:**

**2. FULL NAME**

- ** SEQ.** 9
- **Residence:** No. 119, N. 4th St., Ward.

**PERSONAL AND STATISTICAL PARTICULARS**

- **SEX:** Female
- **COLOR OR RACE:** White
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED (Circle this word):** Married
- **HEADDRESS (or) WIFE of:** James F. Burdette
- **DATE OF BIRTH (month, day, and year):** Nov. 15, 1870
- **AGE:** 66 yrs.

**OCCUPATION**

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

**MEDICAL CERTIFICATE OF DEATH**

- **DATE OF DEATH:** June 14, 1937
- **HEHERBY CERTIFY:** That I attended deceased from Feb. 1, 1930, to June 14, 1937.
- **I last saw him alive on:** June 14, 1937
- **Cause of Death:** CHORONICAL INFECTION
- **Place of death:** Frederick, Md.

**MOTHER**

- **NAME:** Martha Clark
- **BIRTHPLACE (city or town):** Frederick, Md.

**OTHER CONTRIBUTORY CAUSES OF IMPORTANT:**

- **Name of operation:**
- **Date of operation:**
- **What test confirmed diagnosis:**
- **Was there an anopsy:**

**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:**
- **MANNER OF INJURY:**
- **NATURE OF INJURY:**

**24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED:**

- **If so, specify:**
- **Address:**
- **M.D.:**

**FILED:** 6-16, 1937

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

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

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

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

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance</td>
<td></td>
<td>Other contributory causes of importance</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

**1. PLACE OF DEATH**
- County: Frederick
- Village or City: Frederick
- Registration Dist. No.: 1
- Frederick City Hospital: St.
- Ward: 131
- Length of residence in city or town: yrs. mos. ds.
- If death occurred in a hospital or institution, give its NAME instead of street and number.

**2. FULL NAME**
- Charles R. Carnes
- Residence: No. 7419 Henry St., Ward. 131, City of Frederick, Va.
- If U.S. Veteran, specify WAR 1917
- If nonresident give city of town and State.

**PERSONAL AND STATISTICAL PARTICULARS**

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

- If married, widowed, or divorced or WIFE of
- Occupation: Retired Merchant

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH</th>
<th>(month, day, and year)</th>
<th>Aug. 26, 1865</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7. AGE</th>
<th>Years</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>9</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>10. Date deceased last worked at this occupation (month and year)</th>
<th>11. Total time (years) spent in this occupation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>12. BIRTHPLACE (city or town)</th>
<th>Virginia</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>13. NAME</th>
<th>Abram E. Carnes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>14. BIRTHPLACE (city or town)</th>
<th>Virginia</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>15. MAIDEN NAME</th>
<th>Mary Etta Compher</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>16. BIRTHPLACE (city or town)</th>
<th>Loudoun County, Virginia</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>17. INFORMANT</th>
<th>Mr. Edgar Carnes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, OR REMOVAL PLACE</th>
<th>Lovettsville Union Cemetery</th>
</tr>
</thead>
</table>

|----------------|------------|

<table>
<thead>
<tr>
<th>20. FILED</th>
<th>July 1, 1887</th>
</tr>
</thead>
</table>

**DATE OF DEATH**
- June 6, 1917

**MEDICAL CERTIFICATE OF DEATH**
- I HEREBY CERTIFY, That I attended deceased from May 25, 1917, to June 6, 1917,
- I last saw him alive on June 6, 1917, at 8:00 p.m.
- The principal cause of death and related causes of importance were as follows:
- Disease of Heart

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
- Tuberculosis

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
- Name of operation...

**WAST CONFIRMED DIAGNOSIS**
- Date of...
- Was there an autopsy?
- Date of injury...
- Where did injury occur?
- Specify city or town, county and State...
- Manner of injury...
- Nature of injury...

**23. If death was due to external causes (VIOLANCE) fill in also the following:**
- Date of injury...

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

**SIGNED**
- Dr. Conley

**ADDRESS**
- Lovettsville, Virginia
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
</table>
| **The principal cause of death and related causes of importance were as follows:**
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | Jul 6, 1927 |
| **Other contributory causes of importance:**
| Gallstones | May 1, 1923 |
| **The principal cause of death and related causes of importance were as follows:**
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| **Other contributory causes of importance:**
| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: **Frederick**
   - Village or City: **State Sanatorium, Md.**

2. **FULL NAME**
   - Richard Henry Clemsen Jr. alias Harry Clemsen

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: Male
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Married
   - Age: 55 years
   - Date of Birth: Jan. 27, 1882
   - Occupation: Time-Keeper

4. **DATE OF DEATH**
   - Month: June
   - Day: 10
   - Year: 1937

5. **CAUSE OF DEATH**
   - Pulmonary Tuberculosis
   - Date of onset: Nov. 1934

6. **OTHER CONTRIBUTORY CAUSE OF DEATH**
   - Fatal Pulmonary Hemorrhage

7. **BIRTHPLACE**
   - State or country: Maryland

8. **MOTHER**
   - Name: Frances Corson

9. **FATHER**
   - Name: Richard H. Clemsen

10. **BIRTHPLACE (FATHER)**
    - State or country: Maryland

11. **BIRTHPLACE (MOTHER)**
    - State or country: Maryland

12. **INFORMANT**
    - Name: Richard Henry Clemsen Jr.
    - Address: Baltimore, Maryland

13. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Baltimore, Md.
    - Date: Unknown

14. **UNDERTAKER**
    - Name: M.L. Creager
    - Address: Thurmont, Md.

15. **REGISTRATION DISTRICT NO.**
    - No: 139

16. **REGISTRATION DISTRICT**
    - No: 6608

17. **REGISTRAR**
    - Name: M.D.

---

If more blanks are needed, address State Registrar, 211 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Example I**

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

<table>
<thead>
<tr>
<th>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
<th>Related cause</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
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<td>Cerebral hemorrhage</td>
<td></td>
<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: Frederick
   Village or City: Buckeystown
   No. Main St., Ward
   Length of residence in city or town where death occurred: 25 yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME: Mrs. Amanda Virginia Compher
   (a) Residence: No. Buckeystown, Md.
   If U. S. Veteran, specify WAR: None
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH: July 10, 1879
   7. AGE: 57 yrs. 10 mos. 21 days
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housewife

   OCCUPATION: At home

   9. OTHER OCCUPATION: None

   10. DATE DECEASED LAST WORKED: 5/37

   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 30 yrs.

   12. BIRTHPLACE: Maryland
      (State or country)

   13. NAME: Taylor Carter
   14. BIRTHPLACE: Maryland
      (State or country)

   15. MAIDEN NAME: Amanda V. Davis
   16. BIRTHPLACE: Virginia
      (State or country)

   17. INFORMANT: Mrs. George S. Pfeifer
      (Address: Buckeystown, Md.)

   18. BURIAL, CREMATION, OR REMOVAL: Place Taylorstown, Va.
      Date: 6/4, 1937

   19. UNDERTAKER: H. R. Etchison & Son
      (Address: Frederick, Md.)

   20. FILED: June 27, 1937
      Registrar

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: June 1st., 1937
      (Month) (Day) (Year)

   I HEREBY CERTIFY, That I attended deceased from
   May 29, 1937, to June 1, 1937, I last saw her alive on June 1, 1937; death is said to
   have occurred on the date stated above, at 9:30 P.M.

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

   Cancer of breast
   Date of onset: 1932

   Other Contributory Causes of Importance:

   Metastatic Carcinoma of Lung
   Date: 1937
   Name of operation: None
   Date of:
   What was the confirmed diagnosis?: Carcinoma
   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?
   (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
   (Address: Buckeystown, Md.)

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Length of residence in city or town where death occurred: 12 yrs. 11 mos. 22 ds.

2. FULL NAME: Helen Virginia Crum
   (a) Residence: No. 6 E. Patrick St., Ward.
   (b) If U.S. Veteran, specify WAR: None

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

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: June 8th, 1937

22. I HEREBY CERTIFY, That I attended deceased from
    April 27, 1937, to June 8, 1937.
    Last saw deceased alive on June 8, 1937, death is said
    to have occurred on the date stated above, at 12:17 A.M.

The Principal Cause of Death and related causes of importance were as follows:
   (Handwritten: Pneumonia the cause).
   Date of onset: June 9, 1937

Other Contributory Causes of Importance:
   (Handwritten: Emphysema, Pulmonary Edema).

12. BIRTHPLACE (city or town): Maryland
13. NAME: Charles C Crum
14. BIRTHPLACE (city or town): Maryland
15. MAIDEN NAME: Margaret E. Barthlow
16. BIRTHPLACE (city or town): Maryland
17. INFORMANT: Charles C. Crum, 310 E. Patrick St., Fred'k Mo.
18. BURIAL, CREMATION, OR REMOVAL: Moved from Fred'k, June 10, 1937
19. UNDERTAKER: M.M. Eley & Son, Frederick, Maryland
20. FILED: June 19, 1937

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

**Example I**

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

**Example II**

| Other contributory causes of importance:                    |               |
|                                                            |               |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   No. 3 Frederick City Hospital
   (If death occurred in a hospital or institution, give full NAME instead of street and number)

2. FULL NAME
   (a) Residence: 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)
   HUSBAND OR WIFE OF
   If married, widowed, or divorced

6. DATE OF BIRTH (month, day, year)
   April 2, 1894

7. AGE
   63
   2
   7
   If less then 1 day, hours, or minutes.

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

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

10. DATE DECEASED LABOR PERFORMED
    May 1, 1937

11. TOTAL TIME (YEARS)
    7

12. BIRTHPLACE: City or Town
    Baltimore
    (State or country)

13. NAME
    John Delpaus

14. BIRTHPLACE: City or Town
    Baltimore
    (State or country)

15. MAIDEN NAME
    Lydia Lauri

16. BIRTHPLACE: City or Town
    Philadelphia
    (State or country)

17. INFORMANT:
    Name: Hannah Delpaus
    Address: 342 E. 22nd St., Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Mt. Olivet Cemetery
    Date: June 11, 1937

19. UNDERTAKER
    Name: C. B. Clark & Son
    Address: 341 E. 22nd St., Baltimore

20. FILED
    Date: June 11, 1937

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1937, to June 9, 1937.
    I last saw him alive on June 9, 1937. He is said to have occurred on the date stated above, at 9:45 p.m.

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

- Congenital Heart Failure
- Arteriosclerosis
- Myocardial degeneration

Other Contributory Causes of Importance:

- Diabetes Mellitus

Name of operation:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, Suicide, or homicide? Date of injury: 1937
    Where did injury occur? (Specify city or town, county, and state)
    Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of Injury:

Nature of Injury:

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

(Signed) M. D.

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

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

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<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>[RECEIVED] 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>[JUL 6 1937] 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>[JUN 5 1927] 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Monteville
   Registration Dist. No.: 13
   Ward: 5
   No. Fred. Co. Emergency Hospital
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: 10 yrs.
   How long in U.S. if of foreign birth: 10 yrs.

2. FULL NAME
   (a) Residence: No. 123, Pottt.
   (Unusual appx) St., Ward. Frederick MD

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX Female
   4. COLOR OR RACE Colored
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
   6. DATE OF BIRTH (month, day, and year) March 25, 1895
   7. AGE 42 Years
   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE Domestic
   9. OCCUPATION
   10. DATE DECEASED WORKED AT THIS OCCUPATION 6/37
   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 2.5

3. NAME
   12. BIRTHPLACE (CITY OR TOWN) Frederick MD
   13. NAME George Diggs
   14. BIRTHPLACE (CITY OR TOWN) Frederick MD
   15. MAIDEN NAME Nannie Speake
   16. BIRTHPLACE (CITY OR TOWN) Frederick MD
   17. INFORMANT
   18. BURIAL, CREMATION, OR REMOVAL
   19. UNDERTAKER
   20. FILED 14 Jul., 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 13, 1937
   22. I HEREBY CERTIFY That I attended deceased from JUne 8, 1937, to June 12, 1937; death is said to have occurred on the date stated above, viz. June 12, 1937.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Date of onset:
   Other Contributory Causes of importance:

   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Yes
   Date of Injury 1927
   Where did Injury occur? (Specify city or town, county and State)
   Nature of Injury
   Manner of Injury
   Nature of Injury

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Length of residence in city or town where death occurred: yrs. 5 mos. 6 days

2. FULL NAME: Charles Edward Dodson
   Residence: No. 110 East Street

   PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: Colored
   MARRIED, WIDOWED, OR DIVORCED: Single

   DATE OF DEATH
   Date: June 11, 1937

   MEDICAL CERTIFICATE OF DEATH
   Cause of Death: Branchial Pneumonia
   Date of onset: June 10, 1937

   Other Contributory Causes of Importance:
   Cause of Death:

   BIRTHPLACE: Frederick, Md.

   NAME: John Wesley
   FATHER: 

   MAIDEN NAME: Minnie May Hodson
   MOTHER: Carole B.

   INFORMANT: Mrs. Minnie Dodson
   DECLARATION: Frederick, Md.

   BURIAL, CREMATION, OR REMOVAL
   Place: Frederick, Md.
   Date: June 13, 1937

   UNDERTAKER: A. B. Clever, Frederick, Md.

   FILED: June 12, 1937
   Registrar: M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Other contributory causes of importance:

Gallstones

Gastroenteritis

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

1. PLACE OF DEATH
County: Frederick,
Village or City: State Sanatorium, Md.

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (month, day, and year) April 10, 1914
7. AGE Years 23, Months 1, Days 22

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

9. OCCUPATION

10. DATE DECEASED TEST WORKED AT THIS OCCUPATION (month and year) May 1935
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 1 Yr.

12. BIRTHPLACE (city or town) Maryland

13. NAME T. Carroll Dulin

14. BIRTHPLACE (city or town) Maryland

15. MAIDEN NAME Rebecca E. Michael

16. BIRTHPLACE (city or town) Maryland

17. INFORMANT (Address) Rebecca M. Dulin

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) M.L. Creager

20. FILED: July 1, 1915

21. DATE OF DEATH

22. I HEREBY CERTIFY that I attended deceased from June 18, 1936, to June 1, 1937.

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

Tuberculous Meningitis May 1937

Pulmonary Tuberculosis

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

Date of Injury: 1936

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? NO

If so, specify:

Registrar.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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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:

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

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

1. PLACE OF DEATH
County: Frederick
Village or City: Good Intent
Registration Dist. No.: 137
No. St.: Ward:
Length of residence in city or town where death occurred: yrs. mos. ds.
How long in U.S. If of foreign birth: yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
6e. If married, widowed, or divorced, HUSBAND or WIFE of:

7. DATE OF BIRTH (month, day, year): May 27, 1878

7. AGES (years, months, days): 62 yrs. 0 mos. 25 ds.

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

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

10. Date deceased last worked at this occupation (month, day, year): Dec. 1, 1934

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

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

13. NAME: Isaac Finch

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

15. MAIDEN NAME: Helen

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

17. INFORMANT: Mrs. Clara Finch
(Address): Hayman Rte. 12

18. BURIAL, CREMATION, OR REMOVAL
Place: Middleburg
Date: June 26, 1937

19. UNDERTAKER: Powell & Ways
(Address): Loyalty Ave.

20. FILED: June 25, 1937
Registrar: M. C. Casto, Jr.

21. DATE OF DEATH: June 22, 1937
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 20, 1937, to June 22, 1937. I last saw him alive on July 18, 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:
Coronary Occlusion
Date of onset: June 22, 1937

Other Contributory Causes of Importance:

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

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

Manner of injury:
Nature of injury:

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

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

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

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.

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

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<td>Cerebral hemorrhage</td>
</tr>
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</tr>
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<tr>
<td>Run over by street car</td>
</tr>
<tr>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gastroenteritis</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   No. St., Ward: 4, Water St., 131
   Length of residence in city or town where death occurred: 5 yrs., mos.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Ward:

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

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH

   7. AGE

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

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

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

   11. TOTAL TIME SPENT IN THIS OCCUPATION

   12. BIRTHPLACE

   13. NAME

   14. BIRTHPLACE (city or town)

   15. MAIDEN NAME

   16. BIRTHPLACE (city or town)

   17. INFORMANT

   18. BURIAL, CREMATION, OR REMOVAL

   19. UNDERTAKER

   20. FILED

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH

   22. I HEREBY CERTIFY that I attended deceased from May 27, 1937, to June 19, 1937, and declare that death was due to Paroxysmal Dyspnea.

   Other Contributory Causes of Importance:

   Date of onset

   Name of operation

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

To be complete, an occupation return must state:
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11.—The number of years the deceased followed the occupation.

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</tr>
<tr>
<td>1921</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance: Gallstones</td>
<td>Other contributory causes of importance: Gastroenteritis&lt;br&gt;May 1, 1923</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Bridgeport
   (If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME
   (a) Residence: No.
   (b) Last name: Cleagle
   St., Ward.
   (If nonresident give city or town and State)

3. SEX
   M

4. COLOR OR RACE
   W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

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

6. DATE OF BIRTH (month, day, and year)
   May 6, 1937

7. AGE Years: 0 Months: 0 Days: 29
   If LESS than 1 year, give hrs., or min.

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

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

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

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

12. BIRTHPLACE (city or town)
    Frederick, Md

13. NAME
    Roland Cleagle

14. BIRTHPLACE (city or town)
    Frederick, Md

15. MAIDEN NAME
    Dorothy Ryker

16. BIRTHPLACE (city or town)
    Frederick, Md

17. INFORMANT
    Roland Cleagle

18. BURIAL, CREMATION, OR REMOVAL
    Lutheran Church, June 7, 1937.

19. UNDERTAKER
    Cincinnati, Ohio

20. FILED
    June 4, 1937

21. DATE OF DEATH
   6-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-2-1937 to 6-5-1937, death is said to have occurred on the data stated above, et. 3:00 am.

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

   (a) Growth Tumors
   (b) With convulsions

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

   (a) Date of injury
   (b) Name of operation

   (c) Where did injury occur?
   (d) Specified whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

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

   (a) If so, specify
   (b) (Signed) M. D.

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

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Frederick,
   Village or City: State Sanatorium, Md.
   Length of residence in city or town where death occurred: yrs. 4 mos. 18 ds.

2. FULL NAME: Frank Fleigh
   (a) Residence: No. 200 W. 25th, St., St., Ward: Baltimore, Maryland.
   If U.S. Veteran, specify WAR: Unknown
   If nonresident give city or town and State: Unknown

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

6. DATE OF BIRTH (month, day, and year): Feb. 2, 1872
7. AGE: Years: 65, Months: 4, Days: 4

9. OCCUPATION: Motorman
10. Date last worked at this occupation (month and year): July 1932
11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (city or town): Maryland.
13. NAME: August Fleigh
14. BIRTHPLACE (city or town): Germany
15. MAIDEN NAME: Hannah
16. BIRTHPLACE (city or town): Germany

17. INFORMANT (Address): Frank Fleigh
   Place: Baltimore, Md.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Balto. Md.
   Date: Unknown

19. UNDERTAKER (Address): M. L. Greger
   Thurmont, Md.
20. FILED: 6/6/19

21. DATE OF DEATH
   (Month): 6, (Day): 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1937, to June 6, 1937.
   I last saw him alive on June 5, 1937; death is said to have occurred on the date stated above, at 8 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Pulmonary Tuberculosis: Nov. 1936
   Diabetes Mellitus, Diabetic Gangrene

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: Chest X-Ray
   Signed: Stewart J. Shaffer

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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### Example I

| The principal cause of death and related causes of importance were as follows: |
|---------------------------------|-----------------|
| Arteriosclerosis                | RECEIVED 1915   |
| Chronic interstitial nephritis  | JUL 6 1937      |
| Cerebral hemorrhage             | Jul 5, 1927     |

Other contributory causes of importance:

- Gallstones
  - Date of onset: May 1, 1923

### Example II

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

Other contributory causes of importance:

- Gastroenteritis
  - Date of onset: 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County  Frederick
Village or City  Frederick
Registration Dist. No. 131
No. 118 Jefferson St., Ward
Length of residence in city or town where death occurred 50 yrs.  mos.  ds.

2. FULL NAME  Sarah Katherine Flinn
(a) Residence: No. 118 Jefferson St., Ward.
If U. S. Veteran, specify WAR  None
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX  Female
4. COLOR OR RACE  White
5a. If married, widowed, or divorced
husband of (or) wife of

6. DATE OF BIRTH (month, day, and year)  August 22, 1858
7. AGE  Years  78  Months  9  Days  12

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

OCCUPATION  Housework  At Home

10. Date deceased last worked at
this occupation (month and year)  10/28
11. Total time (years) spent in this
occupation  30

12. BIRTHPLACE (city or town)
(State or country)  Maryland
13. NAME  Thomas C. Flinn
14. BIRTHPLACE (city or town)
(State or country)  Maryland
15. MAIDEN NAME  Mary Cramer
16. BIRTHPLACE (city or town)
(State or country)  Maryland

17. INFORMANT  Miss. Ella Flinn
Frederick, Maryland
18. BURIAL, CREMATION, OR REMOVAL
Place  Lutheran Cemetery
Jefferson, Md.  Date  June 17, 1937
declare that the foregoing is true
Coroner's Inquest

19. UNDERTAKER  E. R. Etchison & Son
Frederick, Maryland
20. FILED  June 16, 1937
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH  June 14, 1937
(Month 14  Day 1937

22. Within Correct Time  That I attended deceased from
Jan. 1927 to June 1927

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

Accident, suicide, or homicide?  Date of injury  19
Where did injury occur?  Specify city or town, county and State
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury
Nature of injury

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

If more lines are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>JUL 6 1937</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>AUG 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JUL 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
</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: Frederick
- Village or City: Frederick
- No. 13 E. Sixth St., Frederick
- Registration Dist. No.: 137

**2. FULL NAME**
- Malee Loraine Fogle
- If U.S. Veteran, specify WAR: None

**PERSONAL AND STATISTICAL PARTICULARS**
- **SEX**: Female
- **COLOR OR RACE**: White
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Single
- **AGE**: 16 days
- **OCCUPATION**: Infant

**DATE OF DEATH**
- **DATE OF DEATH**: June 26th, 1937
- **DATE OF ONSET**: May 19, 1937

**CAUSE OF DEATH**
- **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**: Whooping Cough

**BIRTHPLACE**
- **BIRTHPLACE**: Maryland
- **MOTHER**: Mildred Fite
- **FATHER**: Daniel Fogle

**BURIAL, CREMATION, OR REMOVAL**
- **PLACE**: Walkersville Cemetery
- **DATE**: June 28, 1937

**FILED**
- **FILED**: June 26, 1937

---

*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**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
<th>Related Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td></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>Gallstones</td>
<td>May 1, 1925</td>
<td></td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

**Example II**

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

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

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

2. FULL NAME
   (a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. Sex...
   5. Single, Married, Widowed, or Divorced...
   6a. If married, widowed or divorced...

4. COLOR OR RACE...
   7. AGE... Years...
      Months...
      Days...
      If LESS than 1 day, hrs., mm.

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

12. BIRTHPLACE...

13. NAME...

14. BIRTHPLACE...

15. MAIDEN NAME...

16. BIRTHPLACE...

17. INFORMANT...

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

19. UNDERTAKER...

20. FILED...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH...

22. I HEREBY CERTIFY... That I attended deceased from...
    (Month)
    (Day)
    (Year)

23. 1st cause of death...
    2nd cause of death...
    3rd cause of death...
    Other Contributory Causes of importance...

24. 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...
    Manner of injury...
    Nature of injury...

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

If so, specify...

If not, sign...

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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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:

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>Date of onset</th>
<th>1937</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | Date of onset | May 1, 1923 |

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

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

Peritonitis | Date of onset | 3 days ago |

Other contributory causes of importance:

| Gastroenteritis | Date of onset | 1 year |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Thurmont
   No. St.: LT 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: 80 yrs. 10 mos. 17 ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME
   Ann Elizabeth Foreman
   (a) Residence: No. Thurmont St., LT Ward.
      (Usual place of abode)
      If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Write the word)
   (or) WIFE of:
   Henry C. Foreman

6. DATE OF BIRTH (month, day, and year): July 15, 1856

7. AGE
   Years: 80
   Months: 10
   Days: 17
   11 LESS THAN 1 day, hrs. or min.

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

10. Date deceased last worked at this occupation (month and year): June 28, 1937
11. Total time (years) spent in this occupation:

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

   Maryland

13. NAME
   William Black
   FATHER

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

   Maryland

15. MAIDEN NAME
   Martha Casmask
   MOTHER

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

   Maryland

17. INFORMANT
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Hillside
   Date: June 1, 1937

19. UNDERTAKER
   (Address)

20. FILED
   June 4, 1937

21. DATE OF DEATH
   June 2, 1937

22. I HEREBY CERTIFY that I attended deceased from May 24, 1937, to June 2, 1937.
   I last saw her alive on May 24, 1937; death is said to have occurred on the date stated above, at 9 a.m.
   The principal cause of death and related causes of importance were as follows:
   1. Cardiac Arrest
   2. Chronic Lymphosarcoma
   3. Other Contributory Causes of importance:
   4. Other Contributory Causes of importance:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
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<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
# STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. **FULL NAME**
   - James William Foreman
   - Residence: No. Urbana

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - Colored

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

6. **DATE OF DEATH**
   - June 26th, 1937

7. **AGE**
   - Years: 0
   - Months: 0
   - Days: 3

8. **OCCUPATION**
   - At home

9. **DATE OF BIRTH**
   - June 26, 1937

10. **MAIDEN NAME**
    - Nellie V. Bowie

11. **MOTHER'S NAME**
    - Nellie V. Bowie

12. **FATHER'S NAME**
    - J. R. Foreman

13. **INFORMANT**
    - J. R. Foreman

14. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Centerville, Md.

15. **UNDERTAKER**
    - M. W. Etchison & Son

16. **FILED**
    - Filed: June 27, 1937

---

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
   - June 26th, 1937

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

23. **OTHER CONTRIBUTORY CAUSES OF DEATH**
   - Premature Birth

---

**State Registrar: 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.**
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

1. PLACE OF DEATH

County: Frederick
Village or City: Frederick

2. FULL NAME

(a) Residence: No. 274 Diff Ave, St., Ward.
(b) Occupation: Retired Farmer

3. SEX

male

4. COLOR OR RACE

white

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

6. DATE OF BIRTH (month, day, and year)
Oct. 21, 1852

7. AGE

84

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

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

10. Data deceased last worked at this occupation (month and year)
1917
11. Total time spent in this occupation
40

12. BIRTHPLACE (city or town)
Maryland

13. NAME
John Frazier

14. BIRTHPLACE (city or town)
Maryland

15. MAIDEN NAME
Elizabeth Frazier

16. BIRTHPLACE (city or town)
Maryland

17. INFORMANT
Miss. Dorothy Grabille, Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Middletown, Md.
Date: June 13, 1937

19. UNDERTAKER
M. R. Etchison & Son
Frederick, Md.

20. FILED
12 June, 1937

21. DATE OF DEATH
June 10th, 1937

22. I HEREBY CERTIFY

That I attended deceased from
June 6, 1937, to June 10, 1937.
I last saw h. I. m. alive on June 10, 1937; death is said to have occurred on the date stated above, at 11 am.

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

Gastroenteritis

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

Date of injury
19

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

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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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>5 July 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

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

2. FULL NAME: Reba Bell Fultz
(a) Residence: Mountaintale

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

6. DATE OF BIRTH (month, day, and year): Nov. 6th, 1935
7. AGE: Years 1, Months 7, Days 19

21. DATE OF DEATH
Date of onset: June 22, 1937
Date of death: June 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937, to June 25, 1937, 1937. I last saw her alive on June 25, 1937. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

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

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

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

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

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

26. Length of residence in city or town where death occurred: I yrs. 7 mos. 19 days

27. How long in U.S. or foreign birth? yrs. mos. days

28. Registration Dist. No. 144

29. No. St. Ward

30. If nonresident give city or town and State

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death</strong></td>
<td><strong>The principal cause of death</strong></td>
</tr>
<tr>
<td>and related causes of importance were as follows:</td>
<td>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>Date of onset:</td>
<td>Date of onset:</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>JUL 3 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>BURPALL V, S.</td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>Date of onset</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1, 1925</td>
<td></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 Frederick, Registration Dist. No. 139
Village or City State Sanatorium, Md. St., Ward
Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U.S. if of foreign birth yrs. mos. ds.

2. FULL NAME David Abner Good. If U. S. Veteran, specify WAR
(a) Residence: No. 1553 Homestead, St. St. Ward. Baltimore, Maryland. (Unsplace of abode)

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
Mary C. Good.

6. DATE OF BIRTH (month, day, and year) Aug. 29 1897
7. AGE

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, etc.
Sheet Metal Worker
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS MILK MILL, SAW MILL, BANK, etc.
Steel Mill

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 22 yrs

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) April 1937

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

13. NAME John Henry Good
14. BIRTHPLACE (city or town) (State or country)
Pennsylvania

15. MAIDEN NAME Catherine Davis
16. BIRTHPLACE (city or town) (State or country)
Pennsylvania

17. INFORMANT (Address) Deceased on admission
18. BURIAL, CREMATION, OR REMOVAL Place Balto., Md. Date Unknown, 19

19. UNDERTAKER (Address) William Cook

20. FILED 19

21. DATE OF DEATH June 19, 1937

22. I HEREBY CERTIFY That I attended deceased from

May 5, 1937 to June 19, 1937

I last saw him alive on June 18, 1937; death is said to have occurred on the date stated above, at 6:35 A.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Jan.

Other Contributory Causes of Importance:

Name of operation none
What test confirmed diagnosis Chest X-ray yes, Pos. Spaulding Date of

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) N. S. No. 1

If more blanks are needed, address State Registrar, 2622 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 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 of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**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>Jan 23, 1937</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
</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: Frederick
   Village or City: Frederick City Hospital
   No. 7 Webster Bldg, Ward 5
   Length of residence in city or town where death occurred: yrs. 1 mos. 3 ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number:

2. FULL NAME
   Mary Eliza Griffith
   (If U. S. Veteran, specify WAR: No.
   Residence: No. Libertytown
   Ward: Libertytown
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   HUSBAND or WIFE of

6. DATE OF BIRTH (month, day, and year): April 6th 1910

7. AGE: 27 yrs.

8. TRADE, PROFESSION, or PARTICULAR KIND OF WORK DONE: Domestic

9. OCCUPATION: Domestic

10. DATA DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): April, 1937

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

12. BIRTHPLACE (CITY OR TOWN): Frederick City

13. NAME: William A. Griffith

14. BIRTHPLACE (STATE OR COUNTRY): Maryland

15. MAIDEN NAME: Irene Smith

16. BIRTHPLACE (CITY OR TOWN):

17. INFORMANT:

18. BURIAL, CREMATION, OR REMOVAL:
   Place: Libertytown
   Date: June 6, 1937

19. UNDERTAKER: Powell & Atlaways

20. FILED: June 13, 1937

If more blanks are needed, address State Registrar, 2512 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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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 | July 5, 1927 |

Other contributory causes of importance:

| Date of onset |
| 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:

| Date of onset |
| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Frederick
   - Registration Dist. No.: 131
   - No. 123 W. 6th St., Frederick (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: 36 yrs. 0 mos. 0 ds.
   - How long in U.S. If of foreign birth: 36 yrs. 0 mos. 0 ds.

2. **FULL NAME**
   - John William Grove
   - If U.S. Veteran, specify WAR. None

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - (a) Residence: No. 123 W. 6th St., Frederick, Frederick, Frederick
   - Ward. 0
   - If nonresident give city or town and State

4. **MEDICAL CERTIFICATE OF DEATH**

   21. **DATE OF DEATH**
   - June 4, 1937

22. **I HEREBY CERTIFY.**
   - That I attended deceased
   - June 4, 1937, to June 4, 1937.
   - I last saw h. alive on June 4, 1937, to June 4, 1937; death is said to have occurred on the date stated above, at 11:00 a.m.

23. **The PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:
   - **Cardiac Myocarditis**
     - Date of onset: 1927

24. **Other Contributory Causes of Importance:**
   - Chronic Anemia
     - 1927

25. **Name of operation:** None
   - **Date of:**
   - **What test confirmed diagnosis?** None
   - **Was there an autopsy?** No

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

27. **Was disease or injury in any way related to occupation of deceased?** No
   - If so, specify
   - **(Signed):** Frederick, Md.

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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.

To be complete, an occupation return must state:

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

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CHANGE OF MOTHER'S first name: letter June 29, 1937 under Dr. Kline - L.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Hansonville
   (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: 50 yrs.

2. FULL NAME: Calvin Harper
   (a) Residence: No. Hansonville
   (Usual place of abode)
   No veteran

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
      Married
   9a. If married, widowed, or divorced
      HUSBAND of (or) WIFE of
      Blanche Ramsburg

6. DATE OF BIRTH (month, day, and year): April 7th, 1880

7. AGE
   Years: 57
   Months: 2
   Days: 17
   If less than 1 day, state hrs. or mins.

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

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): April 37

11. Total time (years) spent in this occupation: 25

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

13. NAME: Richard K. Harper
    14. BIRTHPLACE (city or town): Lewistown
        (State or country): MD

15. MAIDEN NAME: Phoebe Graver
    16. BIRTHPLACE (city or town): Lewistown
        (State or country): MD

17. INFORMANT (Address): Mrs. Blanche Harper, Frederick, MD, RFD

18. BURIAL, CREMATION, OR REMOVAL
   Place: Utica
   Date: June 27, 1937

19. UNDERTAKER: M. L. Creager & Son, Thurmont

20. FILED: June 26, 1937
    Anna M. Jones, Registrar

21. DATE OF DEATH
   June 24, 1937
   (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    April 12, 1937, to June 24, 1937.
    I last saw him alive on June 24, 1937; death is said
    to have occurred on the date stated above, at 5:00 A.M.
    The principal cause of death and related causes of importance
    were as follows:

    Coronary occlusion
    April 1937

Other Contributory Causes of Importance:

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

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

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

If more blanks are needed, address State Registrar, 3411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
</tr>
<tr>
<td><strong>Date of onset:</strong> Jul 3, 1937</td>
<td><strong>Date of onset:</strong></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td><strong>Date of onset:</strong> July 5, 1927</td>
<td><strong>Peritonitis</strong></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Myerstown, Md.
   - Registration Dist. No.: 1145

2. **FULL NAME**
   - (a) Residence: No. Myerstown, Md., St., Ward.

3. **SEX**
   - Female
   - Widow

4. **COLOR OR RACE**
   - White

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

6. **DATE OF DEATH**
   - June 28, 1937

7. **AGE**
   - Years: 61
   - Months: 1
   - Days: 4

8. **OCCUPATION**
   - Housewife

9. **BIRTHPLACE**
   - City or town: Myerstown, Md.

10. **NAME**
    - Father: Frisby Carfee
    - Mother: Louisa Grossnickle

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

12. **BURIAL, CREMATION, OR REMOVAL**
    - Place: G. Grossnickles, Md. Myerstown, Date: July 1, 1937

13. **UNTERAKER**
    - Address: Gladhill Company, Middletown, Md.

14. **FILED**
    - Date: June 29, 1937

**MEDICAL CERTIFICATE OF DEATH**


22. I have examined the body of the deceased and certify that death occurred on June 28, 1937.

23. The principal cause of death and related causes of importance were as follows:
   - Myocardial Infarction
   - Coronary Artery Disease
   - Chronic Myocardial Infarction
   - Chronic Hypertension

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

25. If so, specify:
    - (Signed) C. A. House, M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>May 1, 1928</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: Frederick
   - Village or City: Frederick
   - Length of residence in city or town where death occurred: 2 yrs, 2 mos, 2 ds.
   - How long in U.S. If of foreign birth: 2 yrs, 2 mos, 2 ds.

2. FULL NAME: M. Bruce Hightman
   - Residence: Burkettville, Md.
   - If U.S. Veteran, specify WAR: None
   - Usual place of abode: Burkettville, Md.

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

6. DATE OF BIRTH (month, day, and year): November 21, 1878
7. AGE: 58 Years, 7 Months, 26 Days
   - If less than 1 day, hrs, or min.: 0

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, etc.: Teacher
9. OCCUPATION: Teacher
10. BIRTHPLACE (city or town): Maryland
11. NAME: Jacob A. Hightman
12. FATHER: 
13. MOTHER: Kate Viets
14. BIRTHPLACE (city or town): Maryland
15. MAIDEN NAME: Kate Viets
16. BIRTHPLACE (city or town): Maryland
17. INFORMANT: Mrs. J. Hightman
18. BURIAL, CREMATION, OR REMOVAL: Bokettville, Md.
19. UNDERTAKER: C. H. F. & Co. Son
20. FILED: June 18, 1937

21. DATE OF DEATH: June 17, 1937

   - Date of death: June 17, 1937
   - Date of onset: 4/15/37
   - Date of death: 4/17/37
   - Cause of death: Cirrhosis of the liver, Cerebral hemorrhage, Cerebral thrombosis
   - Other Contributory Causes of Importance: Chronic nephritis

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
   - ACCIDENT, SUICIDE, OR HOMICIDE: Date of Injury: 1937
   - Where did injury occur?: (Specify city or town, county and State)
   - Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:
   - Manner of injury:
   - Nature of Injury:
   - Was disease or injury in any way related to occupation of deceased?: No

24. IF SO, SPECIFY:
   - Signed: M. D.
   - Address: Bokettville, Md.

If more blanks are needed, address State Registrar, 3411 N. Charles Street, Baltimore. Requesting D. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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</tr>
<tr>
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<td>July 6, 1927</td>
</tr>
<tr>
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<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>
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<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
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<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Near Frederick Route 40
   - Registration Dist. No.: 138

2. **FULL NAME**
   - Mrs. Eleanor Rosanna Hildebrand
   - Residence: No. 134 Frederick Rd., Rock Springs

### PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
   - HUSBAND of (or) WIFE of: Joseph F. Hildebrand

6. **DATE OF BIRTH** (month, day, and year)
   - January 20, 1872

7. **AGE**
   - Years: 65
   - Months: 5
   - Days: 4

8. **OCCUPATION**
   - Housewife
   - At Home

10. **DATE deceased last worked at this occupation**
    - 10/36

11. **Total time (years) spent in this occupation**
    - 35

12. **BIRTHPLACE** (city or town)
    - Maryland

13. **NAME**
    - Joshua Main

14. **BIRTHPLACE** (city or town)
    - Maryland

15. **MAIDEN NAME**
    - Susann Staley

16. **BIRTHPLACE** (city or town)
    - Maryland

17. **INFIRMANT**
    - Mrs. E. E. R. Nagel, Mrs. Frederick, Md.

18. **BURIAL, CREMATION, DR RMV**
    - Place: Doubs Cem.  
    - Date: June 27, 1937

19. **UNDERTAKER**
    - M.R. Etchison & Son, Frederick, Md.

20. **FILED**
    - June 25, 1937

### MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
    - June 24th, 1937

22. **I HEREBY CERTIFY**
    - That I attended deceased from April 10, 1937, to June 27, 1937.
    - I last saw deceased alive on June 27, 1937.

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

    - Chronic Impairment
    - Date of onset: 1912

    - Malignant neplastic disease
    - Date of onset: 1909

24. **Name of operation**
    - Date of:

25. **What test confirmed diagnosis?**
    - Was there an autopsy? Yes

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

27. **Manner of Injury**

28. **Nature of Injury**

29. **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

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</tbody>
</table>

<table>
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<tr>
<th>Other contributory causes of importance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
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</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick, Md.
   Registration Dist. No.: 13
   No. Deceased's City Hospital St., Ward.
   Length of residence in city or town where death occurred: yrs. mos. ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   (a) Residence: No. 2 Frederick St., Ward.
      If U. S. Veteran, specify WAR.
      Residence: Frederick, Md.
      Ward.
      If nonresident give city or town and state

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M
   F

4. COLOR OR RACE
   W

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

6. DATE OF BIRTH (month, day, and year)
   Nov. 9, 1878

7. AGE
   Years
   6
   Months
   3
   Days
   7
   If LESS than 1 day, _______ hrs.
   or _______ min.

8. TRADE, PROFESSION, OR PARTICULAR kind of work done, as SPINNER, SAWYER, BODDKEEPER, etc.
   Housewife

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

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

11. Total time (years) spent in this occupation

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

13. NAME
    G. G. Harris

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

15. MAIDEN NAME
    Amelia Sutton

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

17. INFORMANT (Address)
    Joseph G. Hobbs

18. BURIAL, CREMATION, OR BURIAL
    Location and Date

19. UNDERTAKER
    (Address)

20. FILED
    18 June, 1907

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>Gallstones</td>
<td>May 1, 1933</td>
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</tbody>
</table>

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

1. PLACE OF DEATH
County: Frederick
City: Frederick
Registration Dist. No.: 31
No. 338 East 3rd St., Ward.
Length of residence in city or town where death occurred 69 yrs., mos., days. How long in U.S. if of foreign birth? yrs., mos., days.

2. FULL NAME
(a) Residence: No. 338 East 3rd St., Ward.
John Henry Halcraft
If U. S. Veteran, specify WAR: Not a Veteran

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male
4. COLOR OR RACE
White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Married
HUSBAND OF: Ella Camelia Halcraft

6. DATE OF BIRTH
(month, day, and year) June 1, 1866

7. AGE
Years: 71
Months: 0
Days: 27

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

9. OCCUPATION
Salesman

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: June 26, 1937

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

(State or country)

13. NAME
Jane Patrick Halcraft

14. BIRTHPLACE (CITY OR TOWN): Ireland
(State or country)

15. MAIDEN NAME
Catherine Ann Ouellet

16. BIRTHPLACE (CITY OR TOWN): Harmony, Me.
(State or country)

17. INFORMANT
Rev. Paul Halcraft

18. BURIAL, CREMATION, OR REMOVAL PLACE: Hagstrom, Md.

19. UNDERTAKER
Harry E. Goetz

20. FILED: June 30, 1937
Registrar

21. DATE OF DEATH
Month: June
Day: 28
Year: 1937

22. I HEREBY CERTIFY, That attended sick, deceased from:

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

24. DISEASE OR CAUSE OF DEATH (VIOLENCE) FILL IN ALSO THE FOLLOWING:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 5.
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**Example I**

| Arteriosclerosis | Date of onset | 1915 |
| Chronic interstitial nephritis | JUL 6 1927 |
| Cerebral hemorrhage | July 5, 1927 |

**Example II**

| Arteriosclerosis | Date of onset | 1915 |
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| Gallstones | Date of onset | May 1, 1928 |
| Gastroenteritis | 1 year |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**
1. **PLACE OF DEATH**
   - County: Frederick,
   - Village or City: State Sanatorium, Md.
   - Length of residence in city or town where death occurred: yrs. 7 mos. 18 ds.

2. **FULL NAME**
   - Burmah Y. Hood.
   - Residence: Indian Head, Charles, Co., Maryland.

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Female
   - **COLOR OR RACE**: White
   - **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Married
   - **Date of Birth**: Oct. 10, 1888
   - **AGE**: 48 yrs., 8 mos., 16 days
   - **6. DATE OF BIRTH**: Oct. 28, 1936
   - **7. AGE**: June 26, 1937
   - **8. OCCUPATION**: Housewife

4. **MEDICAL CERTIFICATE OF DEATH**
   - **21. DATE OF DEATH**: June 26, 1937
   - **22. I HEREBY CERTIFY**: That I attended deceased from Oct. 28, 1936, to June 26, 1937, and that she was last observed alive on June 26, 1937, at 11:20 A.M.
   - **23. The PRINCIPAL CAUSE OF DEATH**: Pulmonary Tuberculosis
     - **DATE OF DEATH**: May 1933
     - **21. YEARS**: 21 yrs.
     - **OTHER CONTRIBUTORY CAUSES**: none

5. **BIRTHPLACE**
   - **12. BIRTHPLACE**: Georgia
   - **13. NAME**: Judson Broome
   - **14. BIRTHPLACE**: Georgia
   - **15. MAIDEN NAME**: Eliza, _______?
   - **16. BIRTHPLACE**: Georgia

6. **INFORMANT**
   - **17. INFORMANT**: Deceased on admission
   - **18. BURIAL, CREMATION, OR REMOVAL**: Place: unknown, Date: unknown
   - **19. UNOERTAKER**: M. L. Creager
   - **20. FILED**: 9/16/37

7. **REGISTRATION**
   - **Registration Dist. No.**: 139

8. **SIGNATURE**
   - **Dr. Paul Allen**, M. D.

9. **ADDRESS**
   - **State Sanatorium**

---

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
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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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<td><strong>1 week ago</strong></td>
</tr>
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<td>Cerebral hemorrhage</td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>JUL 5, 1927</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
<tr>
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</tr>
<tr>
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<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>May, 1923</strong></td>
<td><strong>1 year</strong></td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME: Jeannine L. Harp
   Residence: 4 Myersville, MD

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

6. DATE OF BIRTH (month, day, and year): March 19, 1873
7. AGE: 64 yrs., 3 mos., 8 days

8. TRADE, OCCUPATION, OR PARTICULAR KIND OF WORK: Housewife
9. OCCUPATION: Dyes Home
10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: Life

11. BIRTHPLACE (city or town): Myersville, MD
13. NAME OF MOTHER: Susan Ann Linebaugh
14. BIRTHPLACE (city or town): Myersville, MD
15. MAIDEN NAME: Susan Ann Linebaugh
16. BIRTHPLACE (city or town): Myersville, MD
17. INFORMANT: Clayton E. Harp
18. BURIAL, CREMATION, OR REMOVAL: Bohemia, MD
19. UNDERTAKER: William J. Nachtel
20. FILED: June 29, 1937

21. DATE OF DEATH: June 27, 1937
22. I HEREBY CERTIFY: That I attended deceased from
   19... to 19...
   I last saw him alive on
   I saw him die on
   Death is caused by
   The principal cause of death and related causes of importance were as follows:
   There was no last illness.
   Accidental drowning
   Deceased slipped off of boat...河水...tired...could not help herself.
   Other Contributory Causes of importance:
   No external injuries. Water was only about three or four feet deep.

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Date of Injury: June 27, 1937
   Where did injury occur: Myersville, MD
   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: Vehicle
   (Signed) J. Harp
   (Address) Myersville, MD

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

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<tbody>
<tr>
<td>RECEIVED</td>
<td>1915</td>
</tr>
<tr>
<td>JUL 3, 102</td>
<td>1921</td>
</tr>
<tr>
<td>JULY 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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<td>May 1, 1923</td>
</tr>
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<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: Frederick
   Village or City: Jamestown
   No. St., Ward: 130
   (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: 0 yrs., 0 mos., 0 ds.
   How long in U.S. if of foreign birth? yrs., mos., ds.

2. FULL NAME: (a) Residence: No., St., Ward:
   Baltimore, Md.
   If U.S. Veteran, specify WAR: None

   (Usual place of route)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
   WHITE

4. COLOR OR RACE: White

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

6. DATE OF BIRTH: Month, day, and year: June 25, 1937

7. AGE: Years, Months, Days: 60

8. TRADE, PROFESSION, OR OCCUPATION, 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. DURATION OF OCCUPATION:
   - Total time spent in this occupation (years, months, days): __________

11. OCCUPATION:

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

13. NAME: George Castile

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

15. MAIDEN NAME: Catherine Jewell

16. MOTHER: George Castile
   (State or country)

17. INFORMANT (Address):

18. BURIAL, CREMATION, OR REMOVAL:
   Place: Mill Creek
   Date: 6/25/37

19. UNDERTAKER (Address):

20. FILED: June 25, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Month, Day, Year: June 25, 1937

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

   I last saw him/her alive on __________, 19__
   __________, 19__
   __________, 19__

   There is no cause of death stated above, at __________, 19__
   __________, 19__

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

   STILLBORN, Fetus 6 mo.

   Other Contributory Causes of Importance:

   Date of onset: __________

   Other Contributory Causes of Importance:

   Date of:

   Name of operation:

   What was the cause of death?

   Was there an autopsy?

   Date of:

   Accident, suicide, or homicide?

   Where did the accident occur?

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

   Manner of injury:

   Nature of injury:

   Was the accident or injury in any way related to the occupation of deceased?

   If so, specify: __________

   (Address): __________

   (Signature): __________

   M.D.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<td>May 1, 1923</td>
<td>[REDACTED]</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Montevue, Emergency Hospital
   Length of residence in city or town where death occurred: yrs. __ mos. __ ds.

2. FULL NAME: Edward Johnson
   Residence: No. 32 2 Park Avenue, City of Frederick, St, ___ Ward __.
   If U.S. Veteran, specify War: __

   PERSONAL AND STATISTICAL PARTICULARS
   SEX: Male
   COLOR OR RACE: Colored
   SING, MARRIED, WIDOWED, OR DIVORCED: Single

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

   6. DATE OF BIRTH (month, day, year): Nov. 26, 1901

   7. AGE
      Years: 30
      Months: 7
      Days: __
      If LESS than 1 day, ___ hrs. ___ min.

   8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
      Industry or business in which work was done: Laborer
      Occupation: __

   9. Place of birth: Frederick Co., Maryland

   10. Date deceased last worked at this occupation (month and year): 5/37

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

   12. BIRTHPLACE (city or town) (State or country): Frederick, to
       Washington, D.C.

   13. NAME: Edward Johnson

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

   15. MAIDEN NAME: Anna Catherine Randolph

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

   17. INFORMANT
      Name: Evangeline Rice
      Relationship: Emergency Hospital

   18. BURIAL, BURIAL, OR REMOVE
      Place: Frederick, Maryland
      Date: 6/28/1937

   19. UNDERTAKER
      Name: Mr. R. E. Johnson

   20. FILED: June 21, 1937

   MEDICAL CERTIFICATE OF DEATH
   DATE OF DEATH: June 25, 1937

   22. I HEREBY CERTIFY, That I attended deceased from June 24, 1937, to June 25, 1937.
   I last saw him alive on June 25, 1937, death is said to have occurred on the date stated above, at __m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Cause of death: __
   Date of onset: __
   Other Contributory Causes of importance:

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

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

   Accident, suicide, or homicide?: __
   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): __

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Frederick
Village or City: Jefferson

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: 10 yrs. mos. ds.

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

2. FULL NAME: Mrs. Bell Keller


(Usual place of abode)

If U.S. Veteran, specify WAR: NONE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

5a. If married, widowed, or divorced

HUSBAND or WIFE of Lemuel J. Keller

6. DATE OF BIRTH (month, day, and year): February 14, 1847

7. AGE: Years 66

Months 4

Days 16

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

8a. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: At Home

9. OCCUPATION: At Home

10. Date deceased last worked at this occupation (month and year): 6/37

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

12. BIRTHPLACE (city or town): Maryland

(State or country)

13. NAME: Emanuel Hine

14. BIRTHPLACE (city or town): Maryland

(State or country)

15. MAIDEN NAME: Mary C. Green

16. BIRTHPLACE (city or town): Maryland

(State or country)

17. INFORMANT (Address): Mr. Lemuel J. Keller

18. BURIAL, CREMATION, OR REMOVAL: Jefferson, Md.

Place: Reformed Cem.

Date: 7/2/37

19. UNDERTAKER (Address): M. R. Fitchison & Son

20. FILED: July 19, 1937

Registrar

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<td>Date of onset</td>
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<td>JUL 8 1927</td>
<td>1915</td>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:
Gallstones May 1, 1925

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: Frederick
   Village or City: Landy
   (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: 75 yrs. 8 mos. 29 ds.
   How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME: \text{Mindfield Smith Lang}
   (a) Residence: No. Landy, St., Ward.
   If U.S. Veteran, specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
   HUSBAND of: None
   WIFE of: \text{Julia Gardenour Lang}

6. DATE OF BIRTH (month, day, and year): Sept. 27, 1861

7. AGE: Years 75
   Months 8
   Days 29
   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.: Farmer

10. Date deceased last worked at this occupation (month and year): Jan., 1937

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

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

13. NAME: John Lang

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

15. MAIDEN NAME: Julia Gardenour

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

17. INFORMANT: Mrs. Julia Gardenour Lang
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Frederick
    Date: Jan. 22, 1937

19. UNDERTAKER: Millard H. Breeger
    (Address)

20. FILED: 1937 O. E. Stivers
    Registrar

21. DATE OF DEATH
    (Month) 10
    (Day) 26
    (Year) 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 10, 1930, to 6 - 26, 1937, and death is said to have occurred on the date stated above, at 6:30 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

   Chronic Myocarditis

Other Contributory Causes of importance:

Name of operation: \text{Objective Subjective}

What test confirmed diagnosis?: No

Was there an autopsy?: No

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

Manner of injury:
Nature of injury:

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

If so, specify:
(Signed) Dr. J. C. Bridges
(Address) Dr. J. C. Bridges

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No.: 4.
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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<thead>
<tr>
<th>Date of onset</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>JUL 6 1937</td>
</tr>
<tr>
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<td>July 5, 1927</td>
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</tbody>
</table>

Other contributory causes of importance:

<table>
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<th>Date of onset</th>
</tr>
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<tbody>
<tr>
<td>Gallstones</td>
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</table>

Example II

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Frederick City Hospital
   - Village or City: Frederick City Hospital
   - Registration Dist. No.: 13
   - Ward: "
   - Length of residence in city or town where death occurred: "

2. **FULL NAME**
   - Given Name: Daniel Robert Lewis
   - Surname: Lewis
   - Birth Place: Greensboro, MD
   - Age: 38

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF DEATH**
   - Month: June
   - Day: 26
   - Year: 1937

7. **DATE OF BIRTH**
   - Month: March
   - Day: 10
   - Year: 1899

8. **OCCUPATION**
   - May Laborer

9. **DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)**
   - March 31

10. **BIRTHPLACE (city or town)**
    - Greensboro, MD

11. **MOTHER'S NAME**
    - Martha E. Lewis

12. **NAME OF HUSBAND OR WIFE**
    - Hattie Lewis

13. **NAME OF FATHER**
    - Harry Lewis

14. **NAME OF MAIDEN NAME**
    - Martha E. Lewis

15. **INFORMANT**
    - Martha E. Lewis

16. **BURIAL, CREMATION OR REMOVAL**
    - Bethel M. 10 AM, 26, 1937

17. **UNDOER TAKER**
    - "

18. **FILED**
    - 22 June, 1937

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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 |
| Arteriosclerosis | RECEIVED 1915 |
| Chronic interstitial nephritis | Jul 6 1937 |
| Cerebral hemorrhage | BUREAU V S |

Other contributory causes of importance:
Gallstones May 1, 1923

Example II

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

Other contributory causes of importance:
Gastroenteritis 1 year

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Laye
   Registration Dist. No.: 144

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

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

   5a. If married, widowed, or divorced HUSBAND of
      Alice & Minna Lay
      6. DATE OF BIRTH (month, day, and year): Aug 16, 1866
      7. AGE: 70
      8. TRADE, PROFESSION, OR PARTICULAR kind of work done: Clerk
      9. Industry or business in which work was done: Silk Mill, Bank
     10. Date deceased last worked at this occupation: 1893
     11. Total time (years) spent in this occupation:

   12. BIRTHPLACE (city or town), (State or country): Laye, Maryland
   13. NAME: Martin Lay
   14. BIRTHPLACE (city or town), (State or country): Md
   15. MAIDEN NAME: Annie Hardy
   16. BIRTHPLACE (city or town), (State or country):

   17. INFORMANT: African Eve Lay, P.G.
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Markham, Date: 10-4-1947
   19. UNDERTAKER: Willoughby G. Frenger
   20. FILED: October 9, 1947

   21. DATE OF DEATH: June 8, 1937
      (Month) (Day) (Year)

   22. I HEREBY CERTIFY: That I attended deceased from
       I last saw him alive on June 20, 1937; death is said
       to have occurred on the date stated above, at 7 a.m.
       The principal cause of death and related causes of importance
       were as follows:
       (Blank)

   23. Other Contributory Causes of importance:
       (Blank)

   24. If death was due to external causes (violence) fill in also the following:
       Manner of injury:
       Nature of injury:
       If so, specify:

   If more blanks are needed, address State Registrar, 1421 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 house in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

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

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:

| 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: Frederick
   Village or City: Petworth
   Registration Dist. No.: 141
   No. St., Ward: 16 yrs. mos. ds.
   Length of residence in city or town where death occurred
   (If death occurred in a hospital or institution, give in NAME instead of street and number)
   yrs. mos. ds.

2. FULL NAME: Simeon Franchin Magaha
   If U.S. Veteran, specify WAR: MD
   (a) Residence: No.
      (Usual place of abode)
      St., Ward.
      If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
      Married
   6. DATE OF BIRTH (month, day, and year): Oct. 8, 1866

7. AGE: 82
   11. Total time (years) spent in this occupation

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE
   Slight Farming
   10. Date deceased last worked at this occupation (month and year)

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   Names: Arnold, Feidman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) June 25
   (Day) 1937
   (Year)

22. I HEREBY CERTIFY
   That I attended deceased from
   June 19, 1937, to June 25, 1937.
   Last saw him alive on June 23, 1937; death is said to have occurred on the date stated above, at
   __________ m.

The Principal Cause of Death and related causes of importance
   were as follows:
   Charcoal Hepatitis: 1934
   Pneumonia: 1935
   Pneumonia: 1937
   Other Contributory Causes of Importance:
   Tuberculosis: 1929
   Tuberculosis: 1937

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

24. Was disease or injury in any way related to occupation of deceased? No
   If so, specify
   (Signed):
   M.D.
   Address:
   Location:

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Example I

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 2, 1937</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 8, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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<table>
<thead>
<tr>
<th>Disease</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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</tr>
<tr>
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<td>Peritonitis</td>
<td>3 days ago</td>
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</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Frederick
   Village or City: Mt. Pleasant
   Length of residence in city or town where death occurred: 15 yrs.
   Registration Dist. No.: 131

2. FULL NAME: Mrs. Alice Ann Mercer
   (a) Residence: No. Mt. Pleasant St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH: June 15, 1855

7. AGE: 82 years

9. Industry or business in which work was done: Housewife

10. Date deceased last worked at this occupation: 1925

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE: Maryland

13. NAME: John Wagner

14. BIRTHPLACE: Maryland

15. MAIDEN NAME: Emily Wagner

16. BIRTHPLACE: Maryland

17. INFORMANT: Mrs. Mary E. Stevens
   Address: Mt. Pleasant, Md.

18. BURIAL, CREMATION, OR REMOVAL: McKaig Cem. June 27, 1937

19. UNDERTAKER: M. R. Etchison & Son
   Address: Frederick, Md.

20. FILED: June 26, 1937

REGISTRAR:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

Example I

| The principal cause of death and related causes of importance were as follows: |
| Date of onset |
| Arteriosclerosis | RECEIVED 1915 |
| Chronic interstitial nephritis | JUL 8 1937 1921 |
| Cerebral hemorrhage | JULY 5, 1927 |

BUREAU V.S.

Other contributory causes of importance:

Gallstones | MAY 1, 1923 |

Example II

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

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Bunkersville
   Registration Dist. No.: 59
   No. St., Ward: 
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME: Robert A. Miniman
   If U.S. Veteran, specify WAR: 
   (A) Residence: No. (Usual place of abode)
   St., Ward: 
   If nonresident give city or town and State:

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M. WHITE
   4. COLOR OR RACE: 
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Specify by word)
   5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of:

   6. DATE OF BIRTH (month, day, and year): Nov. 1, 1881
   7. AGE: Years: 55 Months: 7 Days: 0
   8. IF LESS than 1 day, hrs. or min. 
   9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK, AS SPINNER, SAWER, BOOKKEEPER, Etc.: 
   10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, Etc.: 
   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 35
   12. BIRTHPLACE (city or town): Md. (State or country)
   13. NAME: 
   14. BIRTHPLACE (city or town): Md. (State or country)
   15. MAIDEN NAME: Alice Martin
   16. BIRTHPLACE (city or town): Md. (State or country)
   17. INFORMANT: Ms. Walter Donovan, Bunkersville, Md.
   18. BURIAL, CREMATION, OR REMOVAL: Place: Defoe, Md. Date: June 3rd, 1937
   19. UNDERTAKER: L. H. Fiske & Son, Bunkersville
   20. FILED: June 7, 1937, June 7, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 1, 1937
   22. I HEREBY CERTIFY, That I attended deceased from 
   to June 1, 1937.
   I last saw him alive on June 1, 1937; death is said to have occurred on the date stated above, at ___ a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   
   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 (VIOL ENCE) fill in also the following:
   Accident, suicide, or homicide? Date of injury: 19
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury:  
   Nature of injury:  

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

Registrar.

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

<table>
<thead>
<tr>
<th>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: Frederick, Maryland
   Village or City: Montgomery
   Registration Dist. No.: 13

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

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   female

4. COLOR OR RACE
   white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   married

6. DATE OF BIRTH (month, day, and year)
   Dec 7 1871

7. AGE
   65

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

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

10. Date deceased first worked as this occupation (month and year):

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

12. BIRTHPLACE (city or town)
   Maryland

13. NAME
   George G. Miller

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

15. MAIDEN NAME
   Margaret Beverly

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

17. INFORMANT
   Mrs. Corna Miller

18. BURIAL, CREMATION, OR REMOVAL
   Str Tower, December 31, 1897

19. UNDERTAKER
   (Address)

20. FILED
   (Address)

21. DATE OF DEATH
   June 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from
   Sept 13, 1936, to June 14, 1937

23. If death was due to violence or 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

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

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

Example II

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

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

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   Registration Dist. No.: 13.1
   No: Frederick City Hospital St., Ward: None
   Length of residence in city or town where death occurred:
   Yrs. Mos. Ds.

2. FULL NAME: William Frederick Miller
   Residence: R. F. D. #2 Fred'k Md. St., Ward: R. 3. 5
   If U. S. Veteran, specify WAR: None
   US veteran status: None

PERSONAL AND STATISTICAL PARTICULARS

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   June 8th, 1937

22. I HEREBY CERTIFY, that I attended deceased from December 31, 1936, to June 8, 1937.

23. I last saw him alive on June 8, 1937; death is said to have occurred on the date stated above, at 5:45 p.m.

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

   Pericarditis (chronic)
   Fistula in ano (infectious)
   Arteriosclerosis
   Long-standing
   (also of long standing)

   Name of operation: None
   Date of operation: None
   What test confirmed diagnosis: None
   Was there an autopsy? No

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>1 year</td>
</tr>
<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>
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</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Emmitsburg, Md.
   Length of residence in city or town where death occurred: 36 yrs. 6 mos. 1 ds.

2. FULL NAME: William L. Myers
   Residence: No. (Usual place of abode)
   If U.S. Veteran, specify WAR:

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX M 4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
   6. If married, widowed, or divorced:
      HUSBAND OF: Anna Rosenfeld
   7. DATE OF BIRTH (month, day, and year): Feb 9, 1857
   8. OCCUPATION: Laborer
   9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, ETC.: Laborer
   10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): 1931
   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 64

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: June 10, 1937

   22. I HEREBY CERTIFY: That I attended deceased from January 1856 to June 5, 1937, last seen alive on June 5, 1937; death is said to have occurred on the date stated above, et. 11:30 a.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Arteriosclerotic cardiovascular disease
   General weakness

   Other Contributory Causes of Importance:

   Name of operation: none
   Date of:
   What test confirmed diagnosis: none
   Was there an autopsy?: no

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

   Accident, suicide, or homicide?: none
   Date of injury: none
   Where did injury occur?: none
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE:

   Manner of injury: none
   Nature of injury: none

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

   If so, specify:

   (Signed) W.P. Osie
   (Address) Emmitsburg, Md.

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

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

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

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<table>
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<tr>
<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>JUL 9, 1937</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JUL 15, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</td>
<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: Frederick, No. 139
   Village or City: State Sanatorium, Md. St., Ward
   Length of residence in city or town where death occurred: yrs. 7 mos. 0 days. How long in U.S. if of foreign birth? yrs. 8 mos. 9 days.

2. FULL NAME
   (a) Residence: No. Raspburg, Route 11 St. Rosedale, Maryland.
   If U.S. Veteran, specify WAR
   If nonresident give city or town and State
   Personal and statistical particulars
   SEX: Female COLOR OR RACE: White SINGLE
   If married, widowed, or divorced
   HUSBAND of (or) WIFE of
   5a. If married, widowed, or divorced

3. DATE OF BIRTH (month, day, year)
   Nov. 30 1919
   Age: 17 Years, 6 Months, 2 Days
   If less than 1 year old, hours or minutes
   10. Date deceased last worked at this occupation (month and year) Feb. 1937
   11. Total time (years) spent in this occupation: 9 yrs.

4. OCCUPATION
   Student
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BODKEEPER, etc.
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

5. MEDICAL CERTIFICATE OF DEATH
   Date of birth: (Month) June (Day) 1 (Year) 1937
   Date of death: May 26, 1937 to June 1, 1937
   I HEREBY CERTIFY that I attended deceased from May 26, 1937 to June 1, 1937. I last saw her alive on June 1, 1937. Death is stated to have occurred on the date stated above, at 8:40 A.M.
   The principal cause of death and related causes of importance were as follows:
   Tuberculous Meningitis

5b. Other Contributory Causes of Importance:
   Pulmonary Tuberculosis

   Name of operation: None
   Chest X-Ray: Yes
   Pos. Sputum: No
   Date of operation: May 1937
   Date of death: June 1, 1937
   Where death occurred: 8:40 A.M.
   Hospital: No
   Industry, in Home, or in Public Place: No
   Nature of Injury: No
   Manner of injury: No
   Date of injury: June 1, 1937
   Autopsy: No

6. BIRTHPLACE (city or town)
   Maryland
   State or country:
   12. NAME
   George Parks.
   MOTHER FATHER
   13. NAME

7. BIRTHPLACE (city or town)
   Maryland
   State or country:
   14. NAME
   Ruth Bradford.
   15. MAIDEN NAME

8. BIRTHPLACE (city or town)
   Maryland
   State or country:
   16. NAME
   Frances I Parks.
   17. INFORMANT
   (Address)
   Rosedale, Md.
   18. BURIAL, CREMATION, OR REMOVAL
   Place: Cambridge, Md. Date: Unknown.
   19. UNDERTAKER
   (Address)
   M.L. Creager
   Thurmont, Md.

20. FILED
   19
   21. (Signed)
   Registrar
   Frederick S. Williams, 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:
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<thead>
<tr>
<th>Date of Onset</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Example I</strong></td>
<td><strong>Example II</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>JUL 6, 1937</td>
<td>1 week ago</td>
</tr>
<tr>
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<td>Run over by street car</td>
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<tr>
<td>JUL 5, 1927</td>
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<td>Peritonitis</td>
</tr>
<tr>
<td>JUL 5, 1927</td>
<td>3 days ago</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: Frederick
Village or City: Myersville, Md.
No.: Outside
Registration Dist. No.: 14-5

2. FULL NAME: Elmer W. Poffenberger
(a) Residence: No. 21, St. "Outside" Ward
(Usual place of abode)

3. PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR OR RACE: White
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

4. DATE OF DEATH

(Month) 6
(Day) 29
(Year) 1937

5. PLACE OF DEATH


6. DATE OF BIRTH (month, day, and year): Jan. 20, 1868

7. AGE

69 yrs. 4 mos. 12 ds.

8. OCCUPATION

Farmer

9. Date deceased last worked at this occupation: Jan. 20, 1868

11. Total time (years) spent in this occupation: 1933

12. BIRTHPLACE (city or town): Frederick County

13. NAME: Henry Poffenberger

14. BIRTHPLACE (city or town): Frederick County

15. MOTHER NAME: Mary Brandenburg

16. BIRTHPLACE (city or town): Frederick County

17. INFORMANT: Hard S. Kline

18. BURIAL, CREMATION, OR REMOVAL

Place: Myersville

19. UNDERTAKER: Gladhill Co.

20. FILED: June 14, 1937

REGISTRAR: William D. Maehl

MEDICAL CERTIFICATE OF DEATH


23. Other Contributory Causes of Importance:

Cerebral Hemorrhage

Manner of death: Natural

Nature of injury: None

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

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

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10.—The month and year the deceased last worked at the occupation.
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Example I

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<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
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<tbody>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

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

   Registration Dist. No. 131
   No. 499 E. Church St., Ward
   Length of residence in city or town where death occurred: 15 yrs. mos. ds.
   If death occurred in a hospital or institution, give its name instead of street and number

2. FULL NAME: Clayton Ross Ramsburg
   If U.S. Veteran, specify WAR: NONE
   Residence: No. 499 E. Church Street, Ward

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

5a. If married, widowed, or divorced
   Husband of or Wife of: Bessie Kolb

6. DATE OF BIRTH (month, day, and year): February 15, 1879

7. AGE: 58 Years 4 Months 8 Days
   8. TRADE, PROFESSION: Truck Farm
      OR OCCUPATION: Driver

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): 6/37
11. Total time (years) spent in this occupation: 30

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

13. NAME: George F. Ramsburg

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

15. MAIDEN NAME: Mary Holland

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

17. INFORMANT:
    Address: Margaret Ramsburg

18. BURIAL, CREMATION, OR REMOVAL:
    Place: Greagerstown, Md. 6/25/37

19. UNDERTAKER:
    Address: M. R. Etchison & Son

20. FILED: June 26, 1937

21. DATE OF DEATH: June 23rd, 1937

22. I HEREBY CERTIFY that I attended deceased from
    June 23rd, 1937, to June 23rd, 1937
    I last saw him living on June 23rd, 1937; death is said to have occurred on the date stated above, at 8:15 P.M.

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

   Cerebral Hemorrhage June 23

23. Other Contributory Causes of Importance:

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

25. Manner of Injury:

26. Nature of Injury:

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

28. Date of operation:

29. What test confirmed diagnosis?:
   Were there an autopsy?:

30. If death occurred in a hospital or institution, give its name instead of street and number

If more blanks are needed, address State Registrar, 2410 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<th>Cause</th>
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<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1937</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

<table>
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<tr>
<th>Cause</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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</tr>
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<td>1 week ago</td>
</tr>
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<table>
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<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Frederick, St.:
Village or City: State Sanatorium, Md, Ward:
Length of residence in city or town where death occurred: yrs. 1 mos. 6 ds.

2. FULL NAME: Margaret S. Riely
(a) Residence: No. 415 E. 21st. St. St. Baltimore, Maryland

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced WIFE of
HUSBAND of
Lambert M. Riely

6. DATE OF BIRTH (month, day, and year): Mar. 13 1908
7. AGE: 29 yrs., 2 mos., 24 days

8. OCCUPATION: Housewife

8a. Trade, profession, or particular kind of work done: none
9. Industry or business in which work was done: none

10. Date deceased last worked at this occupation (month and year): Jan. 1937
11. Total time (years) spent in this occupation: 8 yrs

12. BIRTHPLACE (city or town): Maryland
13. NAME: George O. Mood
14. BIRTHPLACE (city or town): Maryland
15. MAIDEN NAME: Althea Kirwan

16. BIRTHPLACE (city or town): Maryland
17. INFORMANT (Address): Margaret S. Riely
18. BURIAL, CREMATION, OR REMOVAL Place: Balto, Md. Date: Unknown

19. UNDERTAKER (Address): Albert Peretzov
20. FILED: 6/7/37, 19

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to June 7, 1937.

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): Stewart S. Shaffer, State Sanatorium, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Other contributory causes of importance:

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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[Stamp: RECEIVED BY BUREAU OF PUBLIC HEALTH]
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Frederick
   - Village or City: Halfway (outside)
   - Registration Dist. No.: 135

2. **FULL NAME**
   - Residence: No. St., Ward.
   - Personal and statistical particulars:
     - Sex: Female
     - Color or Race: White
     - Single, Married, Widowed, or Divorced: Single
     - Date of Birth: June 8, 1937
     - Age: 24 years, 1 month
     - Occupation: Secretary
     - Birthplace: Halfway, Md.
     - Name: Still bom, Rose
     - Maiden Name: Marsha May Folty

3. **DATE OF DEATH**
   - Date: June 8, 1937

4. **MEDICAL CERTIFICATE OF DEATH**
   - Hereby certify that I attended deceased from May 19 to June 19, 1937.
   - Last saw alive on June 19, 1937; death is said to have occurred on the date stated above.
   - Principal cause of death:
     - Date of onset:
     - Contributory causes of importance:
     - Name of operation:
     - Date of:
     - What test confirmed diagnosis?
     - Was there an autopsy?

5. **INFORMANT**
   - Father
   - Address

6. **FILED**
   - June 19, 1937
   - Registrar:
   - Maryland, U.S.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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</tr>
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Other contributory causes of importance:

Gallstones May 1, 1923

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Other contributory causes of importance:

Gastroenteritis 1 year

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

1. PLACE OF DEATH

County: Frederick
Village or City: Frederick

2. FULL NAME

Ella Malcara Schafer

(a) Residence: Waverly Farms, N. Fredl's Md.

21. DATE OF DEATH

June 20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from

February 4, 1862 to June 20th, 1937, and last saw him alive on June 20th, 1937; death said to have occurred on the date stated above, at 10:55 a.m.

3. SEX

Female

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Nicholas G. Schafer

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

Housework

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

At Home

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

10/33

11. Total time (years) spent in this occupation

50

12. BIRTHPLACE (city or town)

Maryland

13. NAME

Daniel R. Grove

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

Maryland

15. MAIDEN NAME

Julia Huffer

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

Maryland

17. INFORMANT

Mr. Roy Schafer, Waverly Farms, N. Fredl's Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Frederick, Md.
Date: 6/22/37

19. UNDERTAKER

M. R. Etchison & Son, Frederick, Maryland

20. FILED

22 June, 1937

If more blanks are needed, address State Registrar, 2417 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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Example I

| The principal cause of death and related causes of importance were as follows: |
| Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | JUL 8 1937 |
| Cerebral hemorrhage | JULY 5, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

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

2. FULL NAME
   William Elsworth Shafer
   (a) Residence: No. Near Middletown, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widower

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

6. DATE OF BIRTH (month, day, and year)
   June 3, 1863

7. AGE
   Years: 74
   Months: 8
   Days: 25

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

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

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

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

12. BIRTHPLACE (city or town)
    Middletown

13. NAME
    Henson Shafer

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

15. MAIDEN NAME
    Margaret Welcher

16. BIRTHPLACE (city or town)
    Maryland

17. INFORMANT
    Ernest Banes
    New York City

18. BURIAL, CREMATION, OR REMOVAL
    Place: Jefferson, Md.
    Date: June 28, 1937

19. UNDERTAKER
    Gladhill, M.

20. FILED
    June 2d, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    June 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from
    May 27, 1937, to June 28, 1937.
    I last saw him alive on Jan. 27, 1937; death is said to have occurred on the date stated above, at 12:30 P.M.

23. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Arteriosclerosis
    Heart Disease 1937
    Generalized arteriosclerosis 1937
    Congestive heart failure 1935
    Bilateral pulmonary fibrosis 1920

24. Other Contributory Causes of importance:

25. Name of operation
26. What test confirmed diagnosis? Clinical
27. Was there an autopsy? No

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

29. Manner of Injury
30. Nature of Injury
31. Was disease or injury in any way related to occupation of deceased?
32. If so, specify

Registrar
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, apoplexy, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Principal cause of death</strong></td>
<td><strong>Principal cause of death</strong></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 8, 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</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>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: Frederick
   Village or City: Frederick
   Registration Dist. No.: 131
   Hospital: St. Mary's City Hospital
   Ward: 3

2. FULL NAME
   Baby Girl Smith
   If U.S. Veteran, specify WAR: 
   (a) Residence: No.
   (Usual place of abode)
   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)
   Married

6. DATE OF BIRTH (month, day, year)
   6-21-39

7. AGE (years, months, days)
   6 yrs.
   0 months
   21 days
   If less than 1 year, indicate number of days, hours, minutes.

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 end year)
   
11. Total time (years) spent in this occupation
   
12. BIRTHPLACE (city or town)
   Frederick
   (State or country)

13. NAME
   Howard M. Smith

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

15. MAIDEN NAME
   Mary J. Eckelman

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

17. INFORMANT (name, address)
   Howard M. Smith
   22 N. Main St., Green Castle

18. DURATION, OCCURRENCE, OR REMOVAL
   Place of death: Green Castle
   Date: 21 June, 1937

19. UNDERTAKER
   Jacob M. Storer
   Green Castle, Pa.

20. FILED
   21 June, 1937
   Dr. J. W. McSherry
   Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   June 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from
   1937, to...
   Date of death: June 21, 1937
   I witnessed death on...
   Date of death: June 21, 1937
   Death is said to have occurred on the date stated above, at...
   Cause of death: Stillborn

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)
   Manner of injury:
   Nature of injury:
   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)
   M. P. Thorne
   (Address)

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

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

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

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

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

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

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

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</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>1915</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td>Where received</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>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: Frederick
Village or City: Layton
No. St., Ward
Length of residence in city or town where death occurred yrs. mos. ds.

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

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

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

6. DATE OF BIRTH (month, day, and year)
June 28, 1937

7. AGE Years Months Days
It LESS than 1 day, 2 hrs. or... min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
John Roy Speak

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

15. MAIDEN NAME
Margaret Alexander Strine

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

17. INFORMANT (Address)
John R. Speak

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Hege Cemetery
Date: June 28, 1937

19. UNDERTAKER
Reginald G. Albaugh

20. FILED
June 28, 1937

REGISTRAR

21. DATE OF DEATH
June 28, 1937

22. I HEREBY CERTIFY... Date of
That I attended deceased from
June 28, 1937, to June 28, 1937; death is said to have occurred on the date stated above, at... m.

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

Other Contributory Causes of importance:

Name of operation...

What test confirmed diagnosis?...

Date of...

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) Roland L. Deen
M. D.

Address:

If more blanks are needed, address State Registrar, 2117 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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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, ashenena, 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>Date of onset 1915</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 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>
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<td>Other contributory causes of importance:</td>
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<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: Frederick
   - Village or City: Walkersville
   - Length of residence in city or town where death occurred: 40 yrs.

2. **FULL NAME**
   - Mrs. Clara Cortney Stauffer
   - If U. S. Veteran, specify WAR: none

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - Sex: female
   - Color or Race: white
   - Single, Married, Widowed, or Divorced: Widow
   - Occupation: Housewife
   - Date deceased last worked at this occupation (month and year): Aug. 7, 1853
   - Total time (years) spent in this occupation: 1933

4. **DATE OF DEATH**
   - Month: June
   - Day: 11
   - Year: 1937

5. **MEDICAL CERTIFICATE OF DEATH**
   - Hereby certify that she was...
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>RECIPIED</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>JUL 7, 1937</td>
<td>3 days ago</td>
</tr>
<tr>
<td>BUREAU V.S</td>
<td></td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Frederick Co.
   - Village or City: Near Frederick, Md.
   - Registration Dist. No.: 131
   - Length of residence in city or town where death occurred: 20 yrs. mos. ds.

2. **FULL NAME**
   - Myrtle Grace Summers
   - If U.S. Veteran, specify WAR:
   - (a) Residence: Near Frederick, Md.
   - (b) 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>Female</td>
</tr>
<tr>
<td>6. DATE OF BIRTH</td>
</tr>
<tr>
<td>7. AGE</td>
</tr>
<tr>
<td>8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.</td>
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<tr>
<td>10. Date deceased last worked at this occupation (month and year)</td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation</td>
</tr>
<tr>
<td>12. BIRTHPLACE (city or town)</td>
</tr>
<tr>
<td>13. NAME</td>
</tr>
<tr>
<td>14. BIRTHPLACE (city or town)</td>
</tr>
<tr>
<td>15. MAIDEN NAME</td>
</tr>
<tr>
<td>16. BIRTHPLACE (city or town)</td>
</tr>
<tr>
<td>17. INFORMANT</td>
</tr>
<tr>
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</tr>
<tr>
<td>19. UNDERTAKER</td>
</tr>
<tr>
<td>20. FILED</td>
</tr>
</tbody>
</table>

**MEDICAL CERTIFICATE OF DEATH**

- **DATE OF DEATH**
  - June 26, 1937

- **I HEREBY CERTIFY**
  - That I attended deceased from May 1, 1937, to June 3, 1937.
  - I last saw him alive on.
  - The death is said to have occurred on the date stated above, at 11:30 a.m.
  - The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

- **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

- **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

- **Name of operation**

- **What test confirmed diagnosis?**

- **Was there an autopsy?**

22. 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**

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

24. If so, specify

- **Address**

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

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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.

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<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>RECEIVED 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JUL 6, 1937</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

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

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

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

1. PLACE OF DEATH
   County: Frederick (Eustis)
   Registration Dist. No. 13-1

2. FULL NAME
   (a) Residence: No. 176, Frederick, Md.
   (Unusual place of abode) R10 II
   If U.S. Veteran, specify WAR
   If nonresident give city or town and State

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH
   Month: Dec.
   Day: 29
   Year: 1854

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country)
   Frederick, Md.

13. NAME
   Otho T. Cook

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

15. MAIDEN NAME
   Mary A. Montgomery

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

17. INFORMANT (Address)
   Rev. Melvin F. Tabler
   Walkersville, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Frederick A. Cemetary
   Date: 6-28-1977

19. UNDERTAKER (Address)
   O. D. Clift & Son
   Frederick, Md.

20. FILED
   26 June 1937

21. DATE OF DEATH
   Month: June
   Day: 29
   Year: 1937

22. I HEREBY CERTIFY that I attended deceased from
   Age 80 years 4 months 6 days, having been born Dec. 29, 1854,
   and died at 8 a.m., on June 29, 1937, at Frederick, Md., as a result of chronic nephritis which had been found to have occurred on the date stated above.

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

   Chronic Nephritis 1934

   Other Contributory Causes of Importance:

   Name of operation...
   Date of...
   Wastes 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...
   Where did injury occur?
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

   Nature of injury...
   Nature of Injury...

   24. Was disease or injury in any way related to occupation of deceased? Yes
   If so, specify...
   (Signed) E. P. Thomas
   M. D.
   Frederick, Md.

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:

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10.—The month and year the deceased last worked at the occupation.
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset:</td>
<td>Date of onset:</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>1 week ago</td>
</tr>
<tr>
<td>JUL 6 1937</td>
<td>1941</td>
</tr>
<tr>
<td>KUREAU V. S.</td>
<td>JUL 5 1927</td>
</tr>
<tr>
<td></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>
# STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. **FULL NAME**
   - Jacob Thomas
     - Residence: 832 York St., Hanover, Pa.

## PERSONAL AND STATISTICAL PARTICULARS

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Date: Dec 26, 1900
   - Age: 36 Years, 5 Months, 10 Days

7. **OCCUPATION**
   - Machine operator
     - Industry or business in which work was done: Silk Mill
     - Date deceased last worked at this occupation: June 3, 1937
     - Total time spent in this occupation: 18 years

8. **NAME**
   - Paul B. Thomas

9. **BIRTHPLACE**
   - Birthplace: Pemaquid, Me.

10. **FATHER**
    - Name: Thomas A. Thomas

11. **MAIDEN NAME**
    - Maiden name: Amanda

12. **MOTHER**
    - Name: Ann Hardie

13. **INFORMANT**
    - Name: Paul B. Thomas
    - Address: 832 York St., Hanover, Pa.

14. **BIRTHPLACE**
    - Birthplace: Pemaquid, Me.

15. **UNDERTAKER**
    - Name: W. E. F. Lapp
    - Address: 205 E. Main St., Hanover, Pa.

16. **DATE OF DEATH**
    - Date: June 6, 1937

17. **CAUSE OF DEATH**
    - Coronary occlusion

18. **BURIAL, CREMATION, OR REMOVAL**
    - Place: York Co., Pa.
    - Date: June 7, 1937

19. **FILED**
    - Date: June 4, 1937

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

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

Other contributory causes of importance:

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

**Example II**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of onset</th>
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<tbody>
<tr>
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</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Frederick
Village or City: Walkersville
No. of St. or Ward: 153
Registration Dist. No.: 153

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
M

4. COLOR OR RACE

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

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

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

7. AGE
Years: 65
Months: 2
Days: 29

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

dye works

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)
Apr. 1937

11. TOTAL TIME (YEARS) SPENT IN THIS TRADE

12. BIRTHPLACE (city or town)
Frederick Co., Md.

13. NAME OF FATHER
Frederick T. Jones

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

15. MAIDEN NAME
Mary Catharine Stover

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

MOTHER FATHER

17. INFORMANT
Mrs. J. T. Jones

18. BURIAL, CREMATION, OR REMOVAL
Place: Walkersville, Md.

19. UNOBTAINED

20. FILE no.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1937, to June 5, 1937; death is said to have occurred on the date stated above, at 11:30 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of rectum

Date of onset: Oct. 1936

Other Contributory Causes of Importance:

Name of operation: Colostomy

Date of: May 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
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury
Nature of injury

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

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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

**Other contributory causes of importance:**

| Gallstones | May 1, 1925 |

**Example II**

<table>
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<tr>
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**Other contributory causes of importance:**

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Middletown
   Registration Dist. No.: 133

2. FULL NAME: Howard R. Tracey
   Residence: Middletown

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

6. DATE OF BIRTH: Feb 23, 1857
7. AGE: 80
8. OCCUPATION: Day worker
9. TRADE: Householder

10. DATE DECEASED: June 20, 1937
11. PLACE OF DECEASED: Middletown

12. BIRTHPLACE: Middletown, Frederick Co, Md
13. NAME: John W. Tracey
14. BIRTHPLACE: Middletown, Md
15. MAIDEN NAME: Ann Sophia Crone

16. BIRTHPLACE: Middletown, Md
17. INFORMANT: Foster Beyers
18. BURIAL, CREMATION, OR REMOVAL: Ref. Camp, Middletown, Date: June 22, 1937

19. UNDERTAKER: Gladhill Co.
20. FILED: June 20, 1937

21. MEDICAL CERTIFICATE OF DEATH
   Date of Death: June 20, 1937
   I HEREBY CERTIFY that I attended deceased from April 1937 to June 19, 1937. I last saw him alive on June 19, 1937. Death is said to have occurred on the date stated above, at 1:30 AM.
   The principal cause of death and related causes of importance were as follows:
   * Chronic Neuritis
   * Arteriosclerosis
   Date of Onset: 1936

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

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
   Accident, suicide, or homicide: None
   Date of injury: None
   Where did injury occur: None
   (Specify city or town, county, and state)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:
   Manner of injury: None
   Nature of injury: None

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?: No
   If so, specify:
   (Signed): J. Elmers, M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>July 5, 1926</td>
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<td>Gallstones</td>
<td>May 1, 1928</td>
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</table>

Other contributory causes of importance:

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

1. PLACE OF DEATH
   - County: Frederick
   - Village or City: Frederick
   - Registration Dist. No.: 131

2. FULL NAME
   - Edward J. Utterback
   - Residence: Frederick
   - Place of Abode: Frederick

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

6. DATE OF BIRTH (month, day, and year): 12 - Dec - 1858
7. AGE: 78 yrs, 5 mos, 29 days

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

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): 1909
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 40 yrs

12. BIRTHPLACE (CITY OR TOWN): Va.
13. NAME: John Utterback
15. MAIDEN NAME: Marietta Edwards

17. INFORMANT: George L. Utterback
18. BURIAL, CREMATION, OR REMOVAL: Interment
   - Place: Wicomico
   - Date: 4 - June - 1937

19. UNDERTAKER: H. Creasy & Son
20. FILED: 11 - June - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 11, 1937
22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM June 7, 1937, TO June 11, 1937.
23. I HEREBY CERTIFY THAT DEATH OCCURRED ON THE DATE STATED ABOVE, A.M.

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

- Heart disease

Other Contributory Causes of Importance:

- Diabetes

Name of operation:

- Date of:

What last confirmed diagnosis?

- Was there an autopsy?

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

If so, specify

- (Address)

If not, specify

- (Address)

If more blanks are needed, address State Registrar, 2415 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>Peritonitis</td>
</tr>
<tr>
<td>Date of onset:</td>
<td>Date of onset:</td>
</tr>
<tr>
<td>JUL 6, 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>JUL 5, 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset:</td>
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</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Frederick
Village or City: Stony Branch

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

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5a. If married, widowed, or divorced

HUSBAND OF

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

July 22, 1865

7. AGE

Years: 72
Months: 5
Days: 8

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

Farmer

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

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

June 1937

11. Total time (years) spent in this occupation

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

Frederick Co.

13. NAME: Elias Valentine

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

MD

15. MAIDEN NAME: Martha Wedge

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

MD

17. INFORMANT: Edgar Valentine

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Bosty Road

Date: July 2, 1937

19. UNDERTAKER: Hillside St. Breeze

(Address)

20. FILED: June 30, 1937

Registrar:

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

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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

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Other contributory causes of importance:

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Gastroenteritis 1 year

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Rocky Ridge

2. FULL NAME
   (a) Residence: Outside

3. SEX
   Female

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   July 1, 1861

7. AGE
   67 + 11

8. TRADE, PROFESSION, OR OTHER KIND OF WORK DONE
   Housekeeper

9. OCCUPATION
   Retired

12. BIRTHPLACE
   Carroll Co., Md.

13. NAME
   William H. Leagle

15. MAIDEN NAME
   Emma Shealy

16. BIRTHPLACE
   Carroll Co., Md.

17. INFORMANT
   Mrs. Charles Trant

21. DATE OF DEATH
   June 16, 1937

22. I HEREBY CERTIFY that I attended departed from

23. ACCIDENT, SUICIDE, OR HOMICIDE
   Murder

24. DISEASE OR INJURY
   Tuberculosis

MEDICAL CERTIFICATE OF DEATH

Other Contributory Causes of Death:

Probable duration of illness: 1937

Witness:

Signed by:

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Frederick
   Village or City: Garfield

2. FULL NAME: Wilmer Harold Winfield
   Residence: No.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: 12-9-1910
7. AGE: 26 Months: 6 Days: 17

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH END YEAR):
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 

12. BIRTHPLACE (CITY OR TOWN): Frederick County
13. NAME: Cyrus Winfield
14. BIRTHPLACE (CITY OR TOWN): Frederick County
15. MAIDEN NAME: Creola Hargreaves
16. BIRTHPLACE (CITY OR TOWN): Frederick County

17. INFORMANT: Fred Winfield
18. BURIAL, CREMATION, OR REMOVAL: Mt. Carmel
   Place: Date: June 29, 1937
19. UNDERTAKER: M. Mary Frey
20. FILED: June 28, 1937

REGISTRATION DIST. NO.: 135

I HEREBY CERTIFY that I attended deceased from 

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

   Undetermined

   Other Contributory Causes of Importance:

   Name of operation: Date of:
   What test confirmed diagnosis? Date of:
   Was there an autopsy? Date of:
   Accident, suicide, or homicide? Date of:
   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:

   Disease or injury in any way related to occupation of deceased?

   If so, specify:

   (Signed) M. D.
   (Address)

If more blanks are needed, address State Registrar, 2414 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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Other contributory causes of importance:
- Gallstones | May 1, 1923 |

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Frederick
   Village: Frederick

2. FULL NAME
   Hamilton May Wypregler
   (a) Residence: No. 5 13th Street, St.

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   July 18, 1891

7. AGE
   Years: 65
   Months: 11
   Days: 5

8. OCCUPATION
   Housewife

9. Date deceased last worked at this occupation: June 15, 1937
   Total time spent in this occupation: 45 years

10. BIRTHPLACE
    (city or town): Frederick City

11. NAME OF FATHER
    Charles Benjamin Jackson

12. MOTHER
    Eliza J. Fagen

13. Date of death: June 25, 1937

14. WRITING OF DEATH CERTIFICATE
    Intentional or suicidal

15. OTHER CONTRIBUTORY CAUSES OF DEATH
    Cholecystitis

16. SPECIFY CITY OR TOWN
    Frederick City

17. INFORMANT
    Joseph A. Wypregler Sr.

18. BURIAL, CREMATION, OR REMOVAL
    Middleburg, Md., June 25, 1937

19. UNDERTAKER
    E. L. Clerges & Son

20. FILED
    June 24, 1937

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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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: Frederick
   Village or City: Emmitsburg, Md
   Length of residence in city or town where death occurred: 84 yrs. 2 mos. 13 ds.

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

   Person's Name: Columbia Winter

3. SEX
   M. F.

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   April-10-1853

7. AGE
   Years: 84
   Months: 2
   Days: 13

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

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
    June 21, 1937

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    60

12. BIRTHPLACE (CITY OR TOWN)
    Frederick Co., Md.

13. NAME
    Henry Winter

14. BIRTHPLACE (CITY OR TOWN)
    Frederick Co., Md.

15. MAIDEN NAME
    Mary Ann Howl

16. BIRTHPLACE (CITY OR TOWN)
    Frederick Co., Md.

17. INFORMANT
    Emmitsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Emmitsburg, Md.
    Date: June 23, 1937

19. UNDERTAKER
    Emmitsburg, Md.

20. FILED
    June 24, 1937

21. DATE OF DEATH
    June 23, 1937

22. I HEREBY CERTIFY
    That I attended deceased from June 22, 1937, to June 23, 1937
    Last seen alive on June 22, 1937; death is said to have occurred on the date stated above, st. 39.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Arteriosclerosis, Cardiovascular Disease, Arteriosclerosis of heart, 50

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
   If so, specify
   (Signed)
   W. C. Oack, M.D.
   (Address)
   Emmitsburg, Md.

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</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>Jul 3 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance 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>
<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: Frederick
Village or City: Brunswick
Length of residence in city or town where death occurred: 47 yrs. mos. ds.

2. FULL NAME: Henry W. Wood
(a) Residence: No. 9 South 2nd Ave., St., Ward.

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

6. DATE OF BIRTH (month, day, and year): Dec. 22, 1867

7. AGE: 69 Years 5 Months 23 Days

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, LAWER, BOOKKEEPER, ETC.: Broad.R.
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SULK MILL, SAW MILL, BANK, ETC.: Engineer

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): June 24, 1914

11. TOTAL TIME (YEARS AND MONTHS) SPENT IN THIS OCCUPATION: 31

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

13. NAME: Washington W. Wood

14. BIRTHPLACE (CITY OR TOWN): Maryland
(State or country)

15. MAIDEN NAME: Mary E. Potterfield

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

17. INFORMANT: M. E. Wood
(ADDRESS): Brunswick, Md.

18. BURIAL, CREMATION, OR REMOVAL: Brunswick, Md.
PLACE: Greenhill, Md.
DATE: June 17, 1937

19. UNDERTAKER: C. N. Fulk
(ADDRESS): Brunswick, Md.

20. FILED: Jun. 16, 1937

21. DATE OF DEATH: Since 15, 1937
(MONTH) (DAY) (YEAR)

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to have occurred on the date stated above, at 3:15 P.M., and death is said to have occurred on the date stated above, at 3:15 P.M.

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

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

Accident, suicide, or homicide? Date of injury: June 15, 1937

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

REGISTRAR

If more blanks are needed, address State Registrar, 2427 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbider 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>
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<tr>
<th>Example I</th>
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<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>Date of onset 1 week ago</td>
</tr>
<tr>
<td>JUL 2 1937</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>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: Frederick
   - Village or City: Emmitsburg
   - No. St. Joseph's College St., Ward: 134
   - Registration Dist. No.: 134
   - If death occurred in a hospital or institution, give its NAME instead of street and number:

2. **FULL NAME** Honorah Wren (Sr. Regina)
   - (a) Residence: No. St. Joseph's College St., Ward
   - (Usual place of abode)

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - SEX: Female
   - 4. COLOR OR RACE: white
   - 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Sister of Charity
   - If U.S. Veteran specify WAR:

4. **DATE OF BIRTH** (month, day, and year): June 18, 1843

5. **AGE**
   - Years: 93
   - Months: 11
   - Days: 20
   - If LESS than 1 day.................. hrs. or min.:

6. **DATE OF MARRIAGE** (month, day, and year): 

7. **DATE OF DEATH**
   - Month: July
   - Day: 1
   - Year: 1937

8. **CAUSE OF DEATH**
   - Hospital work and Inf. Asylum

9. **OCCUPATION**
   - Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   - Date deceased last worked at this occupation (month and year): 1928
   - Total time (years) spent in this occupation: 64

10. **BIRTHPLACE (city or town)**: Detroit, Michigan
   - (State or country):

11. **NAME** Timothy Wren
   - Father:
   - Mother:

12. **MAIDEN NAME** Catherine Clifford
   - Birthplace (city or town): Cork
   - (State or country): Ireland

13. **INFORMANT**
   - Name:
   - Address: St. Joseph's, Emmitsburg, Md

14. **BURIAL, CREMATION, OR REMOVAL**
   - Place: St. Joseph's, Emmitsburg, Md
   - Date: June 9, 1937

15. **UNDERTAKER**
   - Name:
   - Address:

16. **FILED**
   - Date: June 8, 1937

*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:

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

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

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

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

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

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | JUL 3, 1927 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | JULY 5, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Frederick
   Village or City: Frederick
   No.: Frederick City, Hospital, St., Ward
   Length of residence in city or town where death occurred: 78 yrs. 0 mos.

2. FULL NAME: Miss Amelia Yost
   (a) Residence: No. 415, St. Patrick, Ward.
   If U.S. Veteran, specify: WAR, none

   PERSONAL AND STATISTICAL PARTICULARS

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

   6. DATE OF BIRTH (month, day, year): Nov. 1863
   7. AGE: 73 yrs.

   OCCUPATION: Milliner

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

   10. Date deceased last worked at this occupation (month and year): 6/37
   11. Total time (years) spent in this occupation: 50 yrs.

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

   13. NAME: George Yost
   14. BIRTHPLACE (city or town): Germany
      (State or country): Germany

   15. MAIDEN NAME: Catherine Eichner
   16. BIRTHPLACE (city or town): Germany
      (State or country): Germany

   17. INFORMANT: Mrs. H. O. McLaren, Frederick, Md.
   18. BURIAL, CREMATION, OR REMOVAL: Frederick
      Place: Mt. Olivet Cem., Date: June 11th, 1937

   19. UNDERTAKER: M.R. Etchison & Son, Frederick, Md.
   20. FILED: June 10, 1937

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: June 9th, 1937

   I last saw her alive on: June 9th, 1937, death is said to have occurred on the date stated above, at 4:50 P.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Pneumonia (Bronchial)

   Other Contributory Causes of Importance:
   Diabetes Mellitus

   Name of operation:
   Date of:
   What was 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:
   (Sign) [Signature]
   (Address): Frederick, Md.

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

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

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

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<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1931</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 2, 1937</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<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, 1933</td>
</tr>
</tbody>
</table>

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

**1. PLACE OF DEATH**
- County: Frederick
- Village or City: Frederick
- No. Frederick City Hospital St., Ward
- Length of residence in city or town where death occurred: 75 yrs. mos. ds.

**2. FULL NAME**
- Name: Mary Yost
- If U. S. Veteran, specify WAR: NONE
- Residence: No. 413 W. Patrick St., St., Ward.

**PERSONAL AND STATISTICAL PARTICULARS**
- 3. SEX: Female
- 4. COLOR OR RACE: White
- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

**OCCUPATION**
- 8. Trade, profession, or particular kind of work done: Domestic Laundry

**DATE OF DEATH**
- 21. DATE OF DEATH: June 3rd, 1937

**MEDICAL CERTIFICATE OF DEATH**
- I last saw her alive on June 12th, 1937; death is said to have occurred on the date stated above, at 9:20 a.m.
- The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
  - Cerebral Hemorrhage

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

**FATHER**
- 13. NAME: George Yost

**MOTHER**
- 15. MAIDEN NAME: Catherine Eichner
  - BIRTHPLACE (city or town): Germany
  - (State or country): Germany

**INFORMER**
- 17. INFORMER (Address): 413 W. Patrick St., Fred. Md.

**BURIAL, CREMATION, OR REMOVAL**
- Place: Mt. Olivet Cem
- Date: 6/5/37

**UNDERTAKER**
- 19. UNDERTAKER (Address): M. R. Etchison & Son, Frederick, Md.

**FILED**
- 20. FILED: June 1937

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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11.—The number of years the deceased followed the occupation.

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

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

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<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1923</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</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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<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: Frederick
   Village or City: Near Jefferson
   No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. & mos. & ds.

2. FULL NAME: Thos. W. Nelson Jenkins
   (a) Residence: No. 3957 West North St., Ward.

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: Male
   4. COLOR OR RACE: White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (disc the word): Married
   6. If married, widowed, or divorced: HUSBAND of (or-wife-of): Cora Bell Holter Jenkins
   7. DATE OF BIRTH: Oct. 24, 1873
   8. AGE: 63 yrs., 7 mos., 9 days
   9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: SPINNER, SAWYER, BOOKKEEPER, etc.
   10. OCCUPATION: Working on Railroad
   11. DATE DECEASED LAST WORKED AT THIS OCCUPATION: 1873
   12. BIRTHPLACE: Virginia
   13. NAME: George W. Jenkins
   14. BIRTHPLACE: Virginia
   15. MAIDEN NAME: Margaret Pope
   16. BIRTHPLACE: Virginia
   17. INFORMANT: Mrs. Cora Jenkins
   18. BURIAL, CREMATION, OR REMOVAL: Thurgood, 1873
   19. UNDERTAKER: William A. Biggerstaff
   20. FILED: June 9, 1927, Anna W. Denby, Registrar

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: June 8, 1927
   22. I HEREBY CERTIFY, That I attended deceased from May 1921 to June 8, 1927; 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:
   Cause of death: Cancer of the Stomach
   Date of onset: 8/1925
   Other Contributory Causes of importance: Cancer of the Stomach
   Date of onset: 8/1925
   Name of operation: None
   Date of:
   What test confirmed diagnosis? Was there an autopsy? No
   23. If death was due to external causes (VIOLANCE) fill in also the following:
   Accident, suicide, or homicide? Date of injury: 1921
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury: Nature of injury:
   24. Was disease or injury in any way related to occupation of deceased? No
   If so, specify
   (Signed) M. D.
   (Address)
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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<tr>
<td>causes of importance were as follows:</td>
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<td>Run over by street car</td>
</tr>
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