STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Washington
   Village or City: Near Seabrook
   Registration Dist. No.: 11
   Ward: No.
   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. Near Seabrook
   Ward.
   If U.S. Veteran, specify WAR

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   F (Female)

4. COLOR OR RACE
   Col.

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

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

6. DATE OF BIRTH (month, day, and year)
   1820

7. AGE
   Years: 67
   Months: 0
   Days: 0
   IF LESS than 1 day, ....... hrs. or....... min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, 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)
    Housemaid

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    (State or country)
    Doctor's Country

13. NAME
    John Thompson

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

15. MAIDEN NAME
    Mary Naglotter

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

17. INFORMANT
    Address: New York, N.Y.

18. BURIAL, CREMATION, OR REMOVAL
    Place: East New York
    Date: July 10, 1937

19. UNDERTAKER
    Address: New York

20. FILED
    July 19, 1937
    (Address)

21. DATE OF DEATH
    (Month) July
    (Day) 8
    (Year) 1937

22. I HEREBY CERTIFY, That I attended deceased from
    June 1, 1937, to July 8, 1937; death is said to have occurred on the date stated above, and that
    the principal cause of death and related causes of importance were as follows:
    Chronic endocarditis

    Other Contributory Causes of Importance:

    Name of operation
    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 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

   (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.

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>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Peritonitis</td>
<td>AUG 6 1937</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Duquesne
   Village or City: Cambridge—Maryland
   Hospital: Shady Grove
   Length of residence in city or town where death occurred: yrs. mos. ds.
   Registration Dist. No: 116

2. FULL NAME
   Howard William Mitchell
   Residence: No.
   Cambridge, Maryland
   Ward.

3. SEX
   Male

4. COLOR OR RACE
   Black

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

6. DATE OF BIRTH (month, day, and year)
   July 28th, 1937

7. AGE
   Years: 0
   Months: 0
   Days: 0
   Date deceased last worked at this occupation: July 28, 1937
   Total time in this occupation (years): 0

8. Tredye, 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, SAWMILL, BANK, etc.
   None

10. Date deceased last worked at this occupation (month and year)
    July 28, 1937

11. Total time spent in this occupation
    0 years

12. BIRTHPLACE (city or town)
    Cambridge—Maryland

13. NAME
    Howard William Mitchell

14. BIRTHPLACE (city or town)
    Cambridge—Maryland

15. MAIDEN NAME
    Sarah Feldman

16. BIRTHPLACE (city or town)
    East Rock, Maryland

17. INFORMANT (Address)
    Sarah Feldman

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cambridge, Maryland
    Date: July 28th, 1937

19. UNDERTAKER (Address)
    Lewis J. Sperman

20. FILED: 7-31-1937

21. DATE OF DEATH
    July 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28th, 1937, to July 28th, 1937, death is said to have occurred on the date stated above, at
    Daytime:
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Prematurity (Syphilis)

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

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
United States Standard Certificate of Death

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

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

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

**Other contributory causes of importance:**

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

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ADDitional space for further statements by physician

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge

2. FULL NAME: James Whidmore Atkins
   If U.S. Veteran, specify WAR: 
   (a) Residence: No.
   St., Ward: 
   If nonresident give city or town and State:

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

6. DATE OF BIRTH (month, day, and year): Sept 18, 1875
7. AGE: 61 yrs. 10 mos.
8. OCCUPATION: Farmer

12. BIRTHPLACE (city or town): East New Market
    (State or country): 
13. NAME: John Henry Atkins
14. BIRTHPLACE (city or town): East New Market
    (State or country): 
15. MAIDEN NAME: Elizabeth Atkins
16. BIRTHPLACE (city or town): East New Market
    (State or country): 
17. INFORMANT: Katie Newgraber
    (Address): 904 S. 19th St., Baltimore, Md.
18. BURIAL, CREMATION, OR REMOVAL
    Place: Salem Cemetery, Date: July 25, 1937
19. UNDERTAKER (Address): 
20. FILED: 7-24-1937

21. DATE OF DEATH
    (Month): July
    (Day): 17
    (Year): 1937

22. I HEREBY CERTIFY, that I attended deceased from
    July 17, 1937, to
    July 17, 1937, 
    I last saw him alive on
    July 17, 1937; death is said
    to have occurred on the date stated above, at 10:30 p.m.

23. OTHER CONTRIBUTORY CAUSES OF DEATH:
    Acute Myocarditis
    Acute Arteritis
    Other Contributory Causes of Importance:

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

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

Other contributory causes of importance:

Gallstones | Other contributory causes of importance:
May 1 1928 | Gastroenteritis
1 year

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

1. PLACE OF DEATH

County: Dorchester
Village or City: Cambridge, Md.
Registration Dist. No. 116
Ward: 0
Length of residence in city or town where death occurred: 9 yrs. mos. ds.
If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME: "Nicholas B. Bargert"
(a) Residence: No. 21 Route, St., Ward.
(Usual place of abode)
If U.S. Veteran, specify WAR
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE

Male | White

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

(signed)

5b. Date last married or divorced

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

Dec. 28, 1869

7. AGE

67 yrs., 6 mos., 26 days
If less than 1 day, state hours or 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 SAW MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (Month and Year)

1937

11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 28, 1937, to July 24, 1937

I last saw h. alive on July 28, 1937, and death is said to have occurred on date stated above, at 3:33 A.M.

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

Name of operation

Where test confirmed diagnosis

Was there an eutopic? Yes

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?

If so, specify

(Signed) W. V. H., M.D.
(Address)

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

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

Other contributory causes of importance:

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

Example II

<table>
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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
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<td>Run over by street car</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Dorchester
Village or City: Beulah

2. FULL NAME: James B. Bradley, (a) Residence: No. Hurlock, Md. R.F.D. St.
   Ward. If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5a. If married, widowed, or divorced
HUSBAND or (or) WIFE of Annie M. Bradley,
5b. Occupation: Retired Farmer
6. DATE OF BIRTH (month, day, and year): July 26th 1855
7. AGE: 82

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: July 26th 1937
22. I HEREBY CERTIFY, That I attended deceased from August 1931 to July 26th 1937
   I last saw h. alive on 19 1931; death is said to have occurred on the date stated above, at 8.30 A.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Chronic Nephritis 1931
   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.
United States Standard Certificate of Death

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<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>AUG 6 1937</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: Dorchester
   Village or City: Church Creek
   No. St. 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: Irwin Bryan
   (a) Residence: Church Creek
   (Usual place of abode)
   If U. S. Veteran, specify WAR
   St., Ward.
   If nonresident give city or town and State

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

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

7. AGE: yrs. mos. ds.

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

9. OCCUPATION: Industry or business in which work was done, as WOOD MILL, SAWMILL, BANK, etc.

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

13. NAME: Irwin Bryan

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

15. MAIDEN NAME: Isabelle Rydolph

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

17. INFORMANT: Isabelle Bryan
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Oldfield
   Date: 7-28-1937

19. UNDERTAKER (Address): Church Creek

20. FILED: 7-28-1937

21. DATE OF DEATH: July 1937

22. HEREBY CERTIFY. That I attended deceased from:

23. I last saw him/her alive on:

24. Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Other Contributory Causes of Importance:

Name of operation.

What was confirmed diagnosis? History

Was there an autopsy? no

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

26. Accident, suicide, or homicide?

27. Date of Injury.

28. 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

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

If so, specify

(Signed) [Signature]

M. D.

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

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

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

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

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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:

<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>Date of onset</td>
</tr>
<tr>
<td></td>
<td>RECEIVED</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>AUG 4, 1937</td>
</tr>
<tr>
<td></td>
<td>JULY 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County: Frederick
Village or City: Cabin Creek

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

PERSONAL AND STATISTICAL PARTICULARS
3. SEX M 4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) HUSBAND OF ____________________________ (or) WIFE OF ____________________________

6. DATE OF BIRTH (month, day, and year) July 14, 1937
7. AGE Years Stillborn

8. OCCUPATION Stillborn

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

21. DATE OF DEATH
July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from

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

Manner of Injury ____________________________
Nature of Injury ____________________________

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

Reg. No. 110

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.
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| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Doz. Co.  Registration Dist. No.: 11-6
   Village or City: Cambridge  No. 422 B High  St., 2nd

2. FULL NAME
   (a) Residence: No. 422 B High St., 2nd Ward.
   If U.S. Veteran, specify WAR.
   Personal and Statistical Particulars

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

6. DATE OF BIRTH (month, day, and year): June 14, 1931

7. AGE
   Years: 1  Months: 12  Days: 12

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 and months) spent in this occupation

12. BIRTHPLACE (city or town)  (State or country)
   Cambridge, Md

13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME
   Name: Edwin May Close  Birthplace: Doz. Co.  Maiden Name: Hector Rockett

16. BIRTHPLACE (city or town)  (State or country)
   Birthplace: Doz. Co.

17. INFORMANT
   Informant: Ethel Close

18. BURIAL, CREMATION, OR REMOVAL
   Place: Through Cemetery
   Date: July 29, 1937

19. UNDERTAKER
   Undertaker: Cambridge, Md

20. FILED
   Filed: 7-29-1937

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbific 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

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| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| Gallstones | May 1, 1928 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. **PLACE OF DEATH**
   - County: [Redacted]
   - Village or City: [Redacted]
   - 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**
   - Francis H. Coffee

   **PERSONAL AND STATISTICAL PARTICULARS**
   - Residence: No.
   - Husbands or (or) Wife of: Sarah Coffee
   - Date of Death: Oct. 10, 1887
   - Sex: Male
   - Color or Race: White
   - Single, Married, Widowed, or Divorced: Widowed

3. **DATE OF DEATH**
   - (Month) 7
   - (Day) 18
   - (Year) 1933

4. **OCCUPATION**
   - Trade, profession, or particular kind of work done: Wagonmaker
   - Industry or business in which work was done: Saw Mill
   - Date deceased last worked at this occupation: [Redacted]
   - Total time (years) spent in this occupation: [Redacted]

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

6. **MOTHER**
   - Maiden Name: Sarah J. Lathell

7. **INFORMANT**
   - Charles Coffee

8. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Juana Vale Village
   - Date: July 2a, 1933

9. **UNDERTAKER**
   - [Redacted]

10. **FILED**
    - 7/24/33

11. **REGISTRATION DISTRICT NO.**
    - 110

12. **REGISTRATION DISTRICT NO.**
    - 7701

If more blanks are needed, address State Registrar, 2401 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
</tr>
<tr>
<td>Date of onset</td>
<td>Aug 7, 1937</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Gallstones</td>
<td></td>
</tr>
<tr>
<td>Date of onset</td>
<td>Aug 7, 1937</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Poolesville
   - Registration Dist. No. 46
   - Village or City:中关村
   - Registration No. 7702
   - Registration No. 46
   - If death occurred in a hospital or institution, give its NAME instead of street and number

2. **FULL NAME**
   - John A. Condor

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - Month: 8
   - Day: 1
   - Year: 1897

7. **AGE**
   - Years: 39
   - Months: 11
   - Days: 0

8. **OCCUPATION**
   - Farmer

9. **DATE deceased last worked at this occupation (month and year)**
   - May 1937

10. **BIRTHPLACE**
    - City or town: Cambridge
    - State or country: MD

11. **MOTHER**
    - Name: Sarah Mowbray

12. **FATHER**
    - Name: 

13. **EFFECTIVE DATE OF DEATH**
    - July 12, 1937

14. **PLACE DECEASED**
    - Wholesale MD
    - Place: 7/14/1937

15. **UNDERTAKER**
    - Name: John M. W. Price

16. **REGISTRAR**
    - Name: 

17. **APPROVED**
    - Signature: 

18. **REGISTRATION DISTRICT* NO.**
    - 46

19. **DATE**
    - 7/12/1937

20. **REGISTRATION NUMBER**
    - 7702

21. **CAUSE OF DEATH**
    - Heart failure

22. **CONDITION OF PATIENT**
    - Heart failure

23. **RESTRICTIONS**
    - None

24. **SIGNATURE**
    - M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

Other contributory causes of importance:

Gallstones: May 1, 1923

Example II

<table>
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<tr>
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<tr>
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<td>1 week ago</td>
</tr>
<tr>
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<td>1 week ago</td>
</tr>
<tr>
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<td>3 days ago</td>
</tr>
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</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 — Montgomery
Village or City — Fisherman Creek
Length of residence in city or town where death occurred — yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. — Fisherman Creek, Md. If U.S. Veteran, specify WAR — Ww I

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

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

July 6, 1937

7. AGE

Years — 55
Months —
Days —
IF LESS than 1 day, hrs.

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

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

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

12. BIRTHPLACE (city or town)

Fisherman Creek
(State or country)

13. NAME

Selma Coraline Craig

14. BIRTHPLACE (city or town)

Fisherman Creek
(State or country)

15. MAIDEN NAME

Rida Ellen Parker

16. BIRTHPLACE (city or town)

Fisherman Creek
(State or country)

17. INFORMANT (Address)

Rida Craig

18. BURIAL, CREMATION, OR REMOVAL

Place — Fisherman Creek
Date —

19. UNDERTAKER (Address)

Selma Craig

20. FILED

July 7, 1937

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| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |

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 |

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: Dorchester
   Village or City: Cambridge, Md.
   Hospital
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth: yrs. mos. ds.

2. FULL NAME: Baby Boy Dale
   If U.S. Veteran, specify WAR

3. PERSONAL AND STATISTICAL PARTICULARS
   (a) Residence: No.
   (b) Occupation: No.

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

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

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

7. AGE
   Years
   Months
   Days

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

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

10. 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
   Cambridge, Md.

13. NAME
   Elizabeth Bennett

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

15. MAIDEN NAME
   Elizabeth Bennett

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

17. INFORMANT
   Address
   Lewand Dale

18. BURIAL, CREMATION, OR REMOVAL
   Place: Lewand Dale
   Date: July 7, 1937

19. UNDERTAKER
   Address
   Lewand Dale

20. FILED
   Date: July 17, 1937

21. DATE OF DEATH
   (Month) July
   (Day) 16
   (Year) 1937

22. I, HEREBY CERTIFY, that I attended deceased from
   (Month) July
   (Day) 16
   (Year) 1937

23. To have occurred on the date stated above, at 7:30 A.M.

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

   Primary Cause
   Contributory Cause
   Contributory Cause

   Other Contributory Causes of Importance

25. Date of onset

26. Name of operation

27. Wasted confirmed diagnosis

28. Was there an autopsy?

29. Accident, suicide, or homicide?

30. Date of injury

31. Where did injury occur?

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

33. Manner of injury

34. Nature of injury

35. Disease or injury in any way related to occupation of deceased?

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

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

<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>
</tbody>
</table>

Other contributory causes of importance:

Gallstones May 1, 1923
Gastroenteritis 1 year

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

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   August 14th, 1894

7. AGE
   Years: 42
   Months: 11
   Days: 9

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

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

10. DATE DECEASED LAST WORKED AT
    Occupation: July 17, 1937
    SPAN IN THIS OCCUPATION

11. TOTAL TIME (YEARS)
    11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Mardella Spring, Md.

13. NAME
    Isaac T. English

14. FATHER
    Wicomico Co.

15. MAIDEN NAME
    Annie Elliott

16. MOTHER
    Wicomico Co.

17. INFORMANT
    Mrs. Howard G. English
    Hurlock, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Brookview, Md. Date: July 25, 1937

19. UNDERTAKER
    J. J. Frampton & Son
    Federalsburg, Md.

20. FILED
    7/26, 1937

REGISTRATION DIST. NO.: 116
REGISTRAR.

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</thead>
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</tr>
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<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

<table>
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</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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</tr>
<tr>
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<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

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

2. FULL NAME   William Fitzgiles
   (a) Residence: No. 236 High St.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX   Male
4. COLOR OR RACE   Colored
5a. If married, widowed, or divorced
   HUSBAND or (or) WIFE of   Ella Fitzgiles
6. DATE OF BIRTH (month, day, year)   May 23 1889
7. AGE   48 yrs.  7 mos.  0 days
8. TRADE, prof., or partic., kind of work done, as SPINNER, SAW MILL, BOOKKEEPER, etc.
   Printing Industry
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   Printing Industry
10. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH   July 30, 1937
22. I HEREBY CERTIFY, that I attended deceased from May 1, 1937, to July 30, 1937
   I last saw him alive on July 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
   are as follows:
   Cerebral Hemorrhage

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, at 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...

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

**Example II**

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
**STATE OF MARYLAND**

**CERTIFICATE OF DEATH**

**Registration Dist. No. 112.**

**PLACE OF DEATH**
County: Dorchester

**Village or City** Elliott's, (No.)

**2 FULL NAME** Susan A. Gray

**PERSONAL AND STATISTICAL PARTICULARS**

<table>
<thead>
<tr>
<th>SEX</th>
<th>COLOR OR RACE</th>
<th>MARRIED, WIDOWED, OR DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
<td>Widow</td>
</tr>
</tbody>
</table>

**DATE OF BIRTH**

Mar 8, 1861

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar</td>
<td>8</td>
<td>1861</td>
</tr>
</tbody>
</table>

**AGE**

75 yrs. 8 mos. da.

If LESS than 1 day,... hrs. or... min.

**OCCUPATION**

Housewife.

**(a) Trade, profession or particular kind of work**

**(b) General nature of industry, business, or establishment in which employed or (employer)**

**BIRTHPLACE**

Maryland.

(State or country)

**NAME OF FATHER**

Capt. Thomas Gray.

**BIRTHPLACE OF FATHER**

Maryland.

(State or country)

**MAIDEN NAME OF MOTHER**

Ann Maria Elliott.

**BIRTHPLACE OF MOTHER**

Maryland.

(State or country)

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Cornelius Nelson Gray, (Son.) Elliott's, Maryland.

(Address)

**DATE OF DEATH**

July 17th, 1937.

(Month) (Day) (Year)

**MEDICAL CERTIFICATE OF DEATH**

I HEREBY CERTIFY, That I attended the deceased from July 15th, 1937... to. July 15th, 1937... that I last saw her alive on July 15th, 1937... and that death occurred on the date stated above, at 6:45 A.M.

The CAUSE OF DEATH was as follows:

Appoplexy.

**CONTRIBUTORY**

2 Previous attacks.

(Signed) (Duration) yrs. mos. da.

Edward F. Lamb, M.D.

July 17' 37 (Address) Vienna, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

**LENGTH OF RESIDENCE**

For Hospitals, Institutions, Transients or Recent Residents

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

**PLACE OF BURIAL OR REMOVAL**

Elliott's, Md.

DATE OF BURIAL

July 19' 1937.

**UNDEUTAKER**

Willoughby & Son.

ADDRESS

E.N. Market, Md.
# STATE OF MARYLAND—CERTIFICATE OF DEATH

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

## 2. FULL NAME
- Migration: Smith
- Residence: Cambridge, Md.

## PERSONAL AND STATISTICAL PARTICULARS

### 3. SEX
- M

### 4. COLOR OR RACE
- W

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

### 6. DATE OF BIRTH (month, day, and year)
- 7 - 11 - 39

### 7. AGE
- 70 years

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

### 9. OCCUPATION
- None

### 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
- 7 - 11 - 39

### 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
- 0 years

### 12. BIRTHPLACE (CITY OR TOWN)
- Cambridge, Md.

### 13. NAME
- NAME: MIGRATION

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

### 15. MAIDEN NAME
- MIGRATION

### 16. BIRTHPLACE (CITY OR TOWN)
- (STATE OR COUNTRY)

### 17. INFORMANT
- NAME: MIGRATION

### 18. BURIAL, CREMATION, OR REMOVAL
- Buried at: HOSPITAL DATE

### 19. UNDERTAKER
- NAME: MIGRATION

### 20. FILED
- 7 / 11 / 37

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH
- (Month) 7, (Day) 11, (Year) 1937

#### 22. HEREBY CERTIFY
- That I attended deceased from 7 / 11 / 39 to 7 / 11 / 37
- I last saw her alive on 7 / 11 / 37; death is said to have occurred on the date stated above, at
- The principal cause of death and related causes of importance were as follows:

#### Other Contributory Causes of Importance:

#### OTHER

#### NAME OF PATIENT

#### NAME OF DOCTOR

#### NAME OF HOSPITAL

#### NATURE OF INJURY

#### MANNER OF INJURY

#### DATE OF INJURY

#### WHERE DIED

#### DATE OF DEATH

#### SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE

#### IF SO, SPECIFY

#### ADDRESS

#### SIGNATURE

#### ADDRESS
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**Example I**

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

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

**Example II**

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

<table>
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</thead>
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<tr>
<td>Gastroenteritis</td>
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<tr>
<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: Dorchast
Village or City: Cambridge
Registration Dist. No.: 11

2. FULL NAME

(a) Residence: No.

3. SEX

W

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

4. COLOR OR RACE

W

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

7. AGE

2

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

9. Industry or business in which
work was done, as SAW 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)

Chesapeake
(State or country)

13. NAME

Emerson Web

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Emerson Web

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Emerson Web

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

Driscoll &amp; Hospital

20. FILED

May 19, 1938

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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, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

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

Other contributory causes of importance:

Gallstones | May 1, 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: Dorchester
   Village or City: Cambridge
   Length of residence in city or town where death occurred: yrs. - mos. - ds.

2. FULL NAME: Chllbor Jackson
   If U. S. Veteran, specify WAR:
   Residence: No. 14, Newf Dane St., Ward.
   If nonresident give city or town and State:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: single
6. DATE OF BIRTH (month, day, and year): July 11, 1937
7. AGE: 70
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, ETC.: A. L. Mill, SAW MILL, BANK, etc.
9. DATE DECEASED LAST WORKED AT THIS OCCUPATION: July 11, 1937

10. PLACE OF DEATH (city or town): Cambridge
11. NAME OF INFORMANT: Bellamay Jackson
12. BIRTHPLACE (city or town): Cambridge
13. NAME OF MOTHER: Allegra N. Jackson
14. BIRTHPLACE (city or town): Cambridge
15. MAIDEN NAME: Allegra N. Jackson
16. OCCUPATION: A. L. MILL, SAW MILL, BANK, etc.
17. INFORMANT: Bellamay Jackson
18. BURIAL, CREMATION, OR REMOVAL: Cambridge, July 12, 1937
19. UN DERTAK ER: A. L. Mill, SAW MILL, BANK, etc.
20. FILED. 7-12-37

21. DATE OF DEATH: July 11, 1937
22. I HEREBY CERTIFY that I attended deceased from July 11, 1937, to July 11, 1937, to have occurred on the date stated above, at

   The principal cause of death and related causes of importance were as follows:
   Chllbor
   (2 yrs. in present)

23. OTHER CONTRIBUTORY CAUSES OF DEATH:
24. If disease or injury in any way related to occupation of deceased?
   If so, specify: Chllbor Jackson

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

Example I

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County. Howard
   Village or City. Cambridge
   Registration Dist. No. 84
   No. Cambridge, MD, 7901
   Ward. 116
   Length of residence in city or town where death occurred yrs. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.
   Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M
   Single, married, widowed, or divorced (write the word)
   Cal. Single

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

6. DATE OF BIRTH (month, day, year)
   May 2, 1896

7. AGE
   Years Months Days
   41 2 1

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

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

10. Date deceased last worked at this occupation (month end year)
    1937

11. Total time (years) spent in this occupation

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

13. NAME
    Moore Johnson

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

15. MOTHER NAME
    Mary Pitts

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

17. INFORMANT
    Desc. Cameron, Md.
    (Address)

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

19. UNDERTAKER
    James J. Hugger
    (Address)

20. FILED
    2/10/37
    John Masse
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    July 9, 1937
    (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    June 10, 1937, to July 9, 1937.
    I last saw him alive on July 9, 1937; death is said to have occurred on the date stated above, at 6:15 P.M.
    The principal cause of death and related causes of importance were as follows:
    Chronic Myocarditis
    Other Contributory Causes of importance:
    Acute Appendicitis
    Cerebro-Spinal Syphilis

    Name of patient... Date of...
    What test confirmed diagnosis? Clinical. Was there an autopsy? No

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

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | 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:  Anne Arundel
   Village or City: Cambridge
   Length of residence in city or town where death occurred: 69 yrs. 5 mos. 18 ds.

2. FULL NAME
   (a) Residence: No. 233
      (Unit or place of abode)
   If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
   Jan. 12, 1867

7. AGE
   Years: 69  Months: 5  Days: 18

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

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

10. Date deceased last worked at this occupation (month end year)
    1932

11. Total time (years) spent in this occupation
    45

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

13. NAME
   John Jarams

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

15. MAIDEN NAME
   Mary

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

17. INFORMANT
   Howard Jarams
   (Address)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Waukegan Cemetery
   Date: July 11, 1937

19. UNDERTAKER
   (Address)

20. FILED
   7-11-1937

21. DATE OF DEATH
   July 5, 1937

22. I HEREBY CERTIFY
   That I attended deceased from July 4, 1937, to July 5, 1937.
   7-2-37
   Date of onset
   1937.5
   Other Contributory Causes of Importance:

MEDICAL CERTIFICATE OF DEATH

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

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

If more blanks are needed, address State Registrar, 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.

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset 1915</td>
<td>Date of onset 1 week ago</td>
</tr>
<tr>
<td>AUG 4, 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Bureau V. S.</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Date of onset July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Date of onset May 1, 1923</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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge—Maryland Hospital
   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: Violet Jenkins
   (a) Residence: No. Cambridge, Maryland

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): July 26, 1937

7. AGE: Still born

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

9. OCCUPATION: 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): Cambridge—Maryland Hospital
   (State or country): Maryland

13. NAME: William Jenkins
14. FATHER: Chester Jenkins
15. MAIDEN NAME: Violet Jenkins
16. MOTHER: Deedie Jenkins
17. INFORMANT (Address): Mother, Cambridge, Maryland

18. BURIAL, CREMATION, OR REMOVAL
   Place: Cambridge, Maryland
   Date: 7-29-1937

19. UNDERTAKER: Lewis J. Ferguson
20. FILED: 7-29-1937

21. DATE OF DEATH
   (Month) July 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from
   July 26, 1937, to July 26, 1937, to have occurred on the date stated above, at

   The principal cause of death and related causes of importance were as follows:
   Fall which the mother sustained
   Date of onset: July 23, 1937

MARGIN RESERVED FOR BOUNDING
N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. A.G.E. should be stated EXACTLY. Physicians should state occupation very important. See instructions on back of certificate.

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

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

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Example I

<table>
<thead>
<tr>
<th>Cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Aug 4, 1937</td>
</tr>
<tr>
<td>BUREAU V.S.</td>
<td></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>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>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: _Baltimore_
   Village or City: _Near Vienna_
   Length of residence in city or town where death occurred: 1 yr., 11 mos., 26 days

2. FULL NAME
   Yvonne Marie Jones
   Residence: No. _2115_, _Dundie St._, _Baltimore_, _Md._
   Occupation: _Housewife_

3. SEX
   Male

4. COLOR OR RACE
   3. BLACK

5. SINGLE, MARRIED, Widowed, OR DIVORCED
   MARRIED

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

7. AGE
   Years: 17
   Months: 8
   Days: 1

8. TRADE, PROFESSION, OR OCCUPATION
   Housewife

9. DATE DECEASED LAST WORKED AT THIS OCCUPATION
   This field is not filled.

10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    This field is not filled.

11. BIRTHPLACE (city or town)
    _Baltimore_, _Md._

12. NAME OF MOTHER
    Edith Clash

13. NAME OF FATHER
    _Joseph Jones_

14. BIRTHPLACE (city or town)
    _Baltimore_, _Md._

15. MAIDEN NAME
    _Edith Clash_

16. BIRTHPLACE (city or town)
    _Baltimore_, _Md._

17. INFORMANT (Address)
    Edith Jones, _Vienna, Md._

18. BURIAL, CREMATION, OR REMOVAL
    Place: _Vienna, Md._
    Date: _July 25, 1937_

19. UNDERTAKER
    _L. H. Gardenhire_

20. FILED
    July 6, 1937

21. DATE OF DEATH
    July 6, 1937

22. I HEREBY CERTIFY that I attended deceased from July 5, 1937, to July 6, 1937.

23. Cause of death: _Pneumonia, influenza, and acute Tuberculosis_.

24. Date of death: _July 6, 1937_.

25. OTHER CAUSATIVE AGENTS AND RELATING CONDITIONS:
   _Malnutrition_.

26. NAME OF MOTHER
    Edith Clash

27. NAME OF FATHER
    _Joseph Jones_

28. BIRTHPLACE (city or town)
    _Baltimore_, _Md._

29. BIRTHPLACE (city or town)
    _Baltimore_, _Md._

30. INFORMANT (Address)
    Edith Jones, _Vienna, Md._

31. UNDERTAKER
    _L. H. Gardenhire_

32. FILED
    July 6, 1937

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

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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</tr>
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<td>Cerebral hemorrhage</td>
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<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... Dorchester

Village or City... Hurlock, Md. R.F.D.

(If death occurred in a hospital or institution, give its NAME instead of city and number)

Length of residence in city or town where death occurred 74 yrs. mos. ds.

2. FULL NAME... Stephen L. Lake,

(a) Residence: No. Hurlock, Md. R.F.D. St.

(Urban place of abode)

3. SEX... Male

4. COLOR OR RACE... Colored

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

Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Mary Lake

6. DATE OF BIRTH (month, day, and year)... No exact date, 1859

7. AGE... 74

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

9. OCCUPATION... Farm Laborer

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)... Dorchester Co., Md.

(State or country)

13. NAME... Unknown

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

15. MAIDEN NAME... Jane Lake

16. BIRTHPLACE (CITY OR TOWN)... Dorchester Co., Md.

(State or country)

17. INFORMANT (ADDRESS)... Mary Lake

18. BURIAL, CREMATION, OR REMOVAL

Place... Hurlock, Md. Date... Aug. 1, 1937

Washington Cemetery

J.J. Framptom & Son

19. UNDERTAKER (ADDRESS)... Federalsburg, Md.

20. FILED... 7/17 1937

Registrar.

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<td>1916</td>
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<td>1921</td>
</tr>
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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
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<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
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<tr>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: R.D. Rhodesdale
   Registration Dist. No. 110
   Ward

2. FULL NAME: Marguerite A. Marine
   If U.S. Veteran, specify WAR

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

3. SEX
   Female

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   Sept 23 1856

7. AGE
   Years: 83
   Months: 9
   Days: 26
   If LESS THAN 1 year old, add days or minutes for

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
    Samuel Fisher

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

15. MAIDEN NAME
    Elizabeth Lambert

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

17. INFORMANT
    (Address)
    Elmer Marine Rhodesdale, Md

18. BURIAL, CREMATION, OR REMOVAL
    Place: sleds
    Date: July 18, 1937

19. UNDERTAKER
    (Address)
    H. D. Graveland, Md

20. FILED
    July 18, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) July 16
   (Day) 1937

22. I HEREBY CERTIFY, That I attended deceased from
    July 30, to July 16, 1937.

   I last saw him alive on July 16, 1937.

   Death is said to have occurred on the date stated above.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   (Chronic Bronchitis, Diabetes)

   Date of onset

   Other Contributory Causes of Importance:

   Name of operation
   Date of...

   What test confirmed diagnosis?
   Was there an autopsy?

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

       Nature of injury

       Nature of injury

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

       (Signed) S. D. Fullam
       (Address) Sharpstown
       M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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</tbody>
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Other contributory causes of importance:
- Gallstones May 1, 1923

Example II

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<thead>
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<th>Cause of Death</th>
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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: Dorchester
Village or City: Cambridge

2. FULL NAME
(a) Residence: No. Brumby’s Town St., Ward.
If U. S. Veteran, specify WAR
(Usual place of abode)
If nonresident give city or town and State

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

6. DATE OF BIRTH (month, day, and year)
July 20, 1932

7. AGE
8. TRADE, PROFESSION, OR OCCUPATION
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
10. DATA DECEASED LAST WORKED AND
    this occupation (month and year)

11. TOTAL TIME (YEARS)
    SPENT IN THIS OCCUPATION

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

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

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

17. INFORMANT
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    PLACE: Cambridge
    DATE: 7/20/1932

19. UNDERTAKER
    (Address)

20. FILED: 7-30-32
    Register

21. DATE OF DEATH
    July 20, 1932

22. I HEREBY CERTIFY
    That I attended deceased from
    July 20, 1932, to July 20, 1932.
    He last saw deceased alive on
    July 19, 1932; 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:

    (Signature)

    Other Contributory Causes of Importance:

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

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

    Accidental, suicidal, or homicidal?
    Date of injury:
    Where did injury occur?
    Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE

    Menner of injury:
    Nature of injury:

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

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<td>Date of onset: Aug 4, 1937</td>
<td>Date of onset: 1 week ago</td>
</tr>
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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: Dorchester
   Village or City: Cambridge
   Registration Dist. No.: 116
   Length of residence in city or town where death occurred: 35 yrs. mos. days.

2. FULL NAME: Gary W. Moore
   (a) Residence: 5 Radiance Drive
   If U.S. Veteran, specify WAR No.:

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

   6. DATE OF BIRTH: 12/20/1884
   7. AGE: 52 yrs. 7 mos. 8 days

   8. OCCUPATION: Laborer
   9. Last employer: Jamitor

   10. DATE DECEASED LAST WORKED: 7/14/37
       TOTAL TIME SPENT IN THIS OCCUPATION: 10 yrs.

   11. BIRTHPLACE: Church Creek, MD.

   12. NAME: Wm. H. Moore
   13. FATHER: Mother
   14. BIRTHPLACE: Maryland
   15. MAIDEN NAME: Elizabeth Larrimore
   16. BIRTHPLACE: Nevitt, MD.

   17. INFORMANT: Mrs. Reita A. Moore
   18. BURIAL, CREMATION, OR REMOVAL: Cambridge, MD. 7/30/37

   19. UNDERTAKER: Granville S. LeCompte.
   20. FILED: 7-30-31

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH: July 28, 1937

   22. I HEREBY CERTIFY, that I attended deceased from July 27, 1937, to the day and hour of July 28, 1937, and that death occurred on that date. I certify the time of death as 9:45 A.M.

   OTHER CONTRIBUTORY CAUSES OF DEATH:
   Rupture of Aorta

   23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
      Accident, suicide, or homicide Date of injury: 7-27-37
      Where did injury occur: Cambridge, MD.
      Nature of injury: Auto-vehicle accident

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

   SIGNATURE OF REGISTRAR:
   Address: 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<td>Cerebral hemorrhage</td>
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Other contributory causes of importance:

Gallstones      | May 1, 1923  |
Gastroenteritis | 1 year      |
STATE OF MARYLAND - CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Doulton, No.
   Village or City: Potomac.
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   Nancy Moore
   Residence: No. 20 Roosevelt St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR OR RACE: White
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED: WIDOWED
HUSBAND OF: Not applicable
WIFE OF: Not applicable

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: July 10, 1937

22. DATE OF BIRTH: 9/18/1855

23. DATE OF DEATH: 9/1/1937

24. OTHER CONTRIBUTARY CAUSES OF IMPORTANCE: Heart failure

25. MANNER OF INJURY: Not applicable

26. NATURE OF INJURY: Not applicable

27. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

28. SIGNATURE: John Mouat, M.D.

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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, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Cambridge, Md
   Length of residence in city or town where death occurred: 22 yrs. 1 mos. 16 ds.

2. FULL NAME: Annie Parker

3. SEX: F
   4. COLOR OR RACE: WH
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

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

7. AGE: 81
   If less than 1 day, enter hours, or minutes.

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

9. OCCUPATION: Unknown

10. DATE DIED: July 4, 1937

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

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

13. NAME: Jones Parker

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

15. MAIDEN NAME: Unknown

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

17. INFORMANT (Address): Hospital Records (E.S.S.H.)

18. BURIAL, CREMATION, OR REMOVAL
   Place: Cambridge, Md, July 5, 1937

19. UNDERTAKER (Address): Frank S. Allard

20. FILED: July 5, 1937

21. DATE OF DEATH
   Month: July
   Day: 4
   Year: 1937

   I last saw him alive on July 2, 1937. Death is said to have occurred on the date stated above, at 3:30 a.m.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Carcinoma of lung with general metastasis

   Other Contributory Causes of importance:
   Enlargement of heart due to mental disease, behavioral depression

   Name of operation
   Date of
   What last confirmed diagnosis
   Physical Exam. Was there an epileptic? 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 whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   Manner of injury
   Nature of injury

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

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

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

To be complete, an occupation return must state:

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

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

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

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

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<td>Run over by street car</td>
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<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 112.

PLACE OF DEATH
County: Dorchester

Village or City: Vienna, R.D. (No.

2 FULL NAME: Robert Merrick Parker.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

6 DATE OF BIRTH: December 15th, 1866

7 AGE: 70 yrs. 7 mos. 1 ds.

8 OCCUPATION: Retired Merchant

9 BIRTHPLACE: Maryland

10 NAME OF FATHER: Robert Parker

11 BIRTHPLACE OF FATHER: Maryland

12 MAIDEN NAME OF MOTHER: Jane Jolly

13 BIRTHPLACE OF MOTHER: Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant: Josephine Hooper (Daughter)

Address: Vienna, Md.

15 Filed: July 16th, 1937

State of Maryland, County of Dorchester

Place of Death: Vienna, R.D.

Date of Death: July 16th, 1937

Registration Dist. No. 112

Extended Name: Robert Merrick Parker

Sex: Male

Color or Race: Colored

Marital Status: Widower

Date of Birth: December 15th, 1866

Age: 70 yrs. 7 mos. 1 ds.

Occupation: Retired Merchant

Birthplace: Maryland

Parents in Same State or Country:

Name of Father: Robert Parker

Birthplace of Father: Maryland

Maiden Name of Mother: Jane Jolly

Birthplace of Mother: Maryland

True to the best of my knowledge.

Informant: Josephine Hooper (Daughter)

Address: Vienna, Md.

Filed: July 16th, 1937

Place of Burial or Removal: Salem, Maryland

Date of Burial: July 18th, 1937

Undertaker: H. M. StClair

Address: Cambridge, Md.

CAUSE OF DEATH: Appoplexy

Additional Cause of Death: Arterio-Sclerosis

Certifying Physician: E. C. Lankin

M.D.

Signed: June 19th, 1937

Recorded: July 19th, 1937

Secretary: E. C. Lankin

Registrar: H. M. StClair

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S., no. I.
Stated cause of death—Name first the disease or injury which, in the opinion of the physician, was the immediate cause of death. If death occurred in hospital, name the hospital and the name of the attending or resident physician. If death occurred at home, state the name and address of the subscriber. If death occurred in a place of public accommodation, name the place and the class of accommodation. If death occurred while attending school, state the name of the school and the class of instruction in which the deceased was attending. If death occurred while attending a religious or social institution, state the name of the institution and the class of the deceased. If death occurred while attending a business or industrial establishment, state the name of the business or industrial establishment and the class of the deceased. If death occurred while attending a public or private institution, state the name of the institution and the class of the deceased. If death occurred while attending a military camp or station, state the name of the camp or station and the class of the deceased. If death occurred while attending a state or federal institution, state the name of the institution and the class of the deceased. If death occurred while attending a foreign institution, state the name of the institution and the class of the deceased.

Certificate of Death

Revised United States Standard

Approved by U.S. Census and American Public Health Association.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Dorchester
Village or City: Cambridge

(p) Residence: No. 12, Middle St., Cambridge

2. FULL NAME

(a) Mary M. Nobile

(b) 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)

(b) If married, widowed, or divorced

HUSBAND OF

(c) If nonresident give city or town and State of OCCUPATION

5a. If married, widowed, or divorced

WIFE OF

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

July 8, 1874

7. AGE

Years: 40

Months: 0

Days: 0

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

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

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)

Cambridge

13. NAME OF FATHER

14. BIRTHPLACE (CITY OR TOWN)

Cambridge

15. MAIDEN NAME

Mary M. Nobile

16. BIRTHPLACE (CITY OR TOWN)

Cambridge

17. INFORMANT

Mary A. Nobile

18. BURIAL, CREMATION, OR REMOVAL

Place: Cambridge

19. UNDERTAKER

L. C. H. Barney

20. FILED

7-2-12

REGISTRATION DIST. No. 116

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 8, 1937

22. HEREBY CERTIFY, That I attended deceased from

July 5 to July 7, 1937

I last saw her alive on July 5, 1937

Death occurred July 7, 1937

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

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

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

ACCIDENT, SUICIDE, HOMICIDE

DATE OF INJURY

WHERE DID INJURY OCCUR?

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE

MANNNER OF INJURY

NATURE OF INJURY

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

IF SO, SPECIFY

(SIGNED)

M. D.

ADDRESS

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

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

To be complete, an occupation return must state:

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>RECEIVED</td>
<td></td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>1915</td>
<td></td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>AUG 6, 1927</td>
<td></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
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<td>1 year</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Thompson Town

2. FULL NAME
   (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
      Colored
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
      Married
   6. DATE OF BIRTH (month, day, and year)
      April 1, 1856
   7. AGE
      Years: 81
      Months: 3
      Days: 0

   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
      House Work
   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
      Caroline Pinkett
   14. BIRTHPLACE (city or town)
      (State or country)
   15. MAIDEN NAME
      Jane Smith
   16. BIRTHPLACE (city or town)
      (State or country)
   17. INFORMANT (Address)
      Mansfield Thompson
   18. BURIAL, CREMATION, OR REMOVAL
      Place: Thompson Town
      Date: July 12, 1937
   19. UNDERTAKER
      H. W. Strickler
      East End Market
   20. FILED
      July 12, 1937

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH
      July 11, 1937
   22. I HEREBY CERTIFY, That I attended deceased from
      Sickle Cells 4 yrs.
      I last saw deceased on
      Death occurred on
      Place of death
      Date of onset
      Other Contributory Causes of importance:

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

   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 city or town, county and State)
      Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

      Manner of injury
      Nature of injury
      Nature of injury

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

      (Address)
      (Signed)
      M.D.

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

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

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

1. PLACE OF DEATH
   County: Dorchester
   Village or City: Salisbury
   Length of residence in city or town where death occurred: 5 yrs. 11 mos.
   Registration Dist. No.: 110

2. FULL NAME
   (a) Residence: No.
   (b) Ward.
   If U.S. Veteran, specify WAR.
   Personal and statistical particulars
   SEX: M
   Color or Race: White
   Single, Married, Widowed, or Divorced: Widowed
   HUSBAND or WIFE OF: Eliza Robinson
   Date of Birth (month, day, and year): Aug. 4, 1860
   Age: 76 Years 11 Months 26 Days
   If less than 1 year, state in full months, days, and hours.
   TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: General Labor
   Occupation
   Birthplace (city or town): Md
   (State or country)
   Name: Unknown
   Father's Name: Unknown
   Mother's Name: Unknown
   Maiden Name: Unknown
   Birthplace (city or town): (State or country)
   INFORMANT: R.H. Seabrook, Salisbury
   (Address)
   BURIAL, CREMATION, OR REMOVAL: Revetown
   Date: Aug. 1, 1937
   Undertaker: T. O. Trawner & Bros.
   (Address)
   FILED: July 31, 1937

3. MEDICAL CERTIFICATE OF DEATH
   Date of Death: July 30, 1937
   Hereby certify that I attended deceased from July 11, 1937, to July 30, 1937; death is said to have occurred on the date stated above, et al. Post Mortem.
   The principal cause of death and related causes of importance were as follows:
   Carcinoma Stomach
   Date of onset: 1936
   Other Contributory Causes of Importance:
   Medical Examiner
   Name of operation: Date of operation:
   What last confirmed diagnosis? Was there an autopsy?
   Date of injury: 19
   Accident, suicide, or homicide?
   Where did injury occur?
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Nature of injury: Menner of injury:
   Nature of injury:
   Was disease or injury in any way related to occupation of deceased?
   If so, specify

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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><strong>Peritonitis</strong></td>
</tr>
<tr>
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</tr>
<tr>
<td>SEP 7, 1907</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>July 5, 1927</strong></td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th><strong>Date of onset</strong></th>
<th>Gastroenteritis</th>
<th><strong>Date of onset</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1, 1923</td>
<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: Dorchester
Village or City: Hoopersville
Registration Dist. No.: X
No.: x
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: 72 yrs., mos., ds.
How long in U.S. if of foreign birth?: yrs., mos., ds.

2. FULL NAME: William A. Simmons

(a) Residence: No.: Hoopersville, Md.
St.: Ward.
If U.S. Veteran, specify WAR: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5a. If married, widowed, or divorced HUSBAND NAME: Louis Lewis.
5b. If married, widowed, or divorced WIFE OF: (U.S.A.)
6. DATE OF BIRTH (month, day, and year): 3/26/1885
7. AGE: Years: 72
Months: 3
Days: 24
If less then 1 day, hrs., or min.: 11
8. Trade, profession, or particular kind of work done, as SPINNER, SHOEMAKER, etc.: Post Master
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: (U.S.A.)
10. Date deceased last worked at this occupation (month and year): 7/20/37
11. Total time (years and months) spent in this occupation: 10

12. BIRTHPLACE (city or town): Hoopersville
(State or country): Md.
13. NAME: John T. Simmons
14. BIRTHPLACE (city or town): Hoopersville
(State or country): Md.
15. MAIDEN NAME: Emma Meekins
16. BIRTHPLACE (city or town): Hoopersville
(State or country): Md.
17. INFORMANT NAME: Mr. John M. Simmons
(Address): Hoopersville, Md.
18. BURIAL, CREMATION, OR REMOVAL: Place: Hoopersville, Md.
Date: 7/22/37
19. UNDERTAKER: Granite S. LeCompte
(Address): Cambridge, Md.
20. FILED: July 21, 1937

21. DATE OF DEATH

(Month): July
(Day): 20th
(Year): 1937

22. I HEREBY CERTIFY, That I attended deceased from
(July 10, 1937, to...)
I last saw deceased...
eligible...

The PRINCIPAL CAUSE OF DEATH was as follows:
Cardiac-Renal-Fascicular disease with Hypertension
Cerebral Apoplexy

Other Contributory Causes of importance:

Name of operation:

Date of:

What was the 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:

(Signed): James D. Meade
(Address): Cambridge, Md.
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:

---

**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>Aug 6, 1937</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

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

---

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. PLACE OF DEATH
   - County: Dorchester
   - Village or City: Alevy
   - 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: St., Ward.

2. FULL NAME
   - Full Name: Jane Ask Handley (STANLEY)
   - Residence: Alevy
   - If U.S. Veteran, specify WAR: St., Ward.

3. PERSONAL AND STATISTICAL PARTICULARS
   - SEX: Male
   - COLOR OR RACE: Calored
   - SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
   - DATE OF BIRTH: Sept. 16, 1876
   - AGE: Years 9, Months 25, Days
   - TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: SPINNER, SAWYER, BOOKKEEPER, etc.
   - INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: SILK MILL, SAW MILL, BANK, etc.

4. MEDICAL CERTIFICATE OF DEATH
   - DATE OF DEATH: July 3, 1937
   - I HEREBY CERTIFY, That I attended deceased from July 3, 1937, to July 5, 1937, and death is said to have occurred on the date stated above, at 8 A.M.
   - PRIMARY CAUSE OF DEATH: Cancer of womb
   - OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
   - OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

5. OCCUPATION
   - Date deceased last worked at this occupation: September 16, 1936
   - Time spent in this occupation: 25 years

6. BIRTHPLACE (city or town): Alevy, MD
   - NAME: Jane Ask Handley (STANLEY)
   - AGE: 59 years
   - Trade, profession, or particular kind of work done: SPINNER, SAWYER, BOOKKEEPER, etc.
   - Industry or business in which work was done: SILK MILL, SAW MILL, BANK, etc.
   - Name of related cause of death:

7. BURIAL, CREMATION, OR REMOVAL
   - Place: Alevy
   - Date: July 8, 1937

8. UNDERTAKER
   - Name: Lewis H. Baurman
   - Address: Cambridge

9. FILED: 7-6-37
   - Registration Dist. No.: 116
   - Return of certificate to: State Registrar, 2411 N. Charles Street, Baltimore

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

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

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

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

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance</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</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: Dorchester
   Village or City: Eastern Shore State Hospital, Cambridge
   Registration Dist. No.: 11
   No.: 12
   St., Ward: St., Ward
   Length of residence in city or town where death occurred: 4 yrs., 0 mos., 3 ds.
   How long in U.S. Or if of foreign birth: yrs., mos., ds.

2. FULL NAME
   Emma Jane Stewart
   (a) Residence: No.
   Eastern Shore State Hospital, Cambridge
   (Usual place of abode)
   If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

5a. If married, widowed, or divorced
   HUSBAND of
   (or) WIFE of
   W. D. Stewart (deceased)

6. DATE OF BIRTH
   (Month, day, and year)
   June 14, 1889

7. AGE
   Years: 79
   Months: 1
   Days: 6
   IF LESS then 1 day, hrs., or., min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BANK, 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)
    November

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Calvert

13. NAME
    J. O. Brown

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

15. MOTHER NAME
    Margaret Smith

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

17. INFORMANT
    The deceased (hospital records)

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cambridge, Date: July 23, 1937

19. UNDERTAKER
    (Address)
    Joseph K. Edson

20. FILED
    7/26/1937

MARGINAL RESERVATION FOR BINDING

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) July 20
    (Day) 1937
    (Year)

22. I HEREBY CERTIFY, That I attended deceased from
    April 15, 1937, to July 20, 1937
    I last saw deceased alive on July 19, 1937, at 8 A.M.
    Death is said to have occurred on the date stated above at 6:45 A.M.
    The principal cause of death and related causes of importance were as follows:
    Exhcession from Mental Disease: Syphillis August 11, 1923
    Other Contributory Cause of importance:
    Syphillis and general arterioscleroses

    Name of operation...
    Date of...
    What was confirmed diagnosis? Phys Exam. Date of...
    Was there an autopsy? No.

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

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

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

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

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

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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:

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

Another contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Orange
   Village or City: Frankebridge
   Length of residence in city or town where death occurred: 29 yrs.

2. FULL NAME
   (a) Residence: No. Camberwell Rd.

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>Feale</td>
<td>Cabaret</td>
<td>married</td>
</tr>
</tbody>
</table>

| 10. Date of death: | | 
|--------------------|---|---|
| (Month) | (Day) | (Year) |
| July | 8 | 1937 |

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from June 2nd, 1937, to June 2nd, 1937. I last saw him alive on June 2nd, 1937. The death occurred on the date specified above, at Cambridge, Md., Hospital after Laperotomy. The principal cause of death was Peritonitis, fever, arterial, with blood recently returned from Cambridge. The patient stated hospital authorities had done all that could be done for him.

23. Causative factors: Hemorrhage, Peritonitis, fever, arterial, with blood.


If more blanks are needed, address State Registrar, 2001 N. Charles Street, Baltimore, Requesting U. S. No. 5.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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**Example I**

<table>
<thead>
<tr>
<th>Principal Cause of Death</th>
<th>Date of Onset</th>
<th>Related Causes of Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Aug 3, 1927</td>
<td>Gallstones</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Jul 5, 1927</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

Gastroenteritis 1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Daughterston
   Village or City: Camby
   Registration Dist. No.: 116
   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 December Pk St. Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   1/27/1888

7. AGE
   Years: 79
   Months: 5
   Days: 9

8. OCCUPATION
   Carpenter

9. Dated deceased last worked at this occupation (month and year)
   1936

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

11. BREATHPLACE (city or town)
    Salisbury

12. NAME
    Martha Maynard

13. NAME OF MOTHER
    Martha Maynard

14. PLACE OF BIRTH (city or town)
    (State or country)

15. MAIDEN NAME
    Fiona

16. PLACE OF BIRTH (city or town)
    (State or country)

17. INFORMANT (Address)
    Mr. Clara Leonard

18. BURIAL, CREMATION, OR REMOVAL
    Place: Bel Air. Md.
    Date: 7/27/1937

19. UNDERTAKER (Address)
    (Address)

20. FILED
    7-6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from

23. Date of death is said to have occurred on the date stated above, at 6:15 p.m.

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

   Cancer of Throat

   Other Contributory Causes of importance:

   Carcinoma of Throat

   Nature of operation: None
   Date of:

   What test confirmed diagnosis: None
   Were there an autopsy? Yes

25. If death was due to external causes (VIOLENCE) fill in below 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

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

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

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

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

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

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

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

### Example I

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Aug 1, 1937</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1933</td>
</tr>
</tbody>
</table>

### Example II

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<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... Dorchester... Registration Dist. No...
Village or City... Cambridge...

2. FULL NAME...
(a) Residence: No. Dale Island, X X St., Ward...
(usual place of abode)

3. SEX... Male...

4. COLOR OR RACE... White...

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

6. DATE OF BIRTH (month, day, year)... Dec 25, 1859...

7. AGE (Years, Months, Days... 77 7 26...

8. OCCUPATION... Waterman...

9a. If married, widowed, or divorced Wife of...

6. DATE OF DEATH (month, day, year)... Jul 25, 1937...

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

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

4. I last saw deceased alive on...

3. Death... Jul 25, 1937...

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

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

12. BIRTHPLACE (city or town)... Dale Island...

13. NAME... Wesley Webster...

14. BIRTHPLACE (city or town)... Dale Island...

15. MAIDEN NAME... Arvela...

16. BIRTHPLACE (city or town)... Dale Island...

17. INFORMANT... Mrs. Helen T. Webster...

18. BURIAL, CREMATION, OR REMOVAL...

19. UNDERTAKER... Fred J. Webster...

20. FILED... Jul 26, 1937...

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

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

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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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<thead>
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<th>Date of onset</th>
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<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 |

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

### 1. PLACE OF DEATH
- County: Dorchester
- Village or City: Cambridge
- Registration Dist. No.: 116

### 2. FULL NAME: Annie E. Wheately
- (a) Residence: No. Race St., Ward.
- If U.S. Veteran, specify WAR

### PERSONAL AND STATISTICAL PARTICULARS

<table>
<thead>
<tr>
<th>3. SEX</th>
<th>Female</th>
<th>4. COLOR OR RACE</th>
<th>White</th>
<th>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</th>
<th>Widowed</th>
</tr>
</thead>
</table>

5a. If married, widowed, or divorced

<table>
<thead>
<tr>
<th>HUSBAND of</th>
<th>Late Oscar J. Wheately</th>
</tr>
</thead>
</table>

### 6. DATE OF BIRTH
- (month, day, and year): 2/28/1869

### 7. AGE
- Years: 68
- Months: 4
- Days: 19
- IF LESS than 1 day, ___ hrs. or ___ min.

### 8. OCCUPATION
- 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)
- Dorchester Co., Md.

### 13. NAME
- Samuel Smith

### 14. FATHER
- Name: Secess M. Smith

### 15. MAIDEN NAME
- Not Known

### 16. BIRTHPLACE (city or town)
- No.

### 17. INFORMANT
- Luther Wheately
- Cambridge Md.

### 18. BURIAL, CREMATION, OR REMOVAL
- Place: East New Market
- Date: 7/19/37

### 19. UNDERTAKER
- G. S. Le Compte

### 20. FILED
- 7-17-37

### MEDICAL CERTIFICATE OF DEATH

<table>
<thead>
<tr>
<th>21. DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/17/37 (Month)</td>
</tr>
<tr>
<td>193 (Year)</td>
</tr>
</tbody>
</table>

### 22. I HEREBY CERTIFY
- That I attended deceased from 1917 to July 17, 1937.

### 23. Date of onset

### Other Contributory Causes of Importance

### Place of operation

### What test confirmed diagnosis

### Was there an autopsy

### 24. 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

### 25. Was disease or injury in any way related to occupation of deceased
- No

### If so, specify

### (Signed) Dr. F. Smear

### (Address) Cambridge Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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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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</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
   District
   Village or City
   Census Div.
   Ward
   Length of residence in city or town where death occurred
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

   PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

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

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

   11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

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

   13. NAME
      Alexander Seward
      Father

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

   15. MAIDEN NAME
      Sarah J. Wheeler

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

   17. INFORMANT
      Velma C. Keach
      (Address)

   18. BURIAL, CREMATION, OR REMOVAL
      Place
      Date
      9/7/37

   19. UNDERTAKER
      (Address)
      Cappell

   20. FILED
      7/31/37
      Registrar

   MEDICAL CERTIFICATE OF DEATH

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

   22. I HEREBY CERTIFY
   That I attended deceased from
   , 19 to
   , 19
   I last saw him alive on
   , 19
   Death is said to have occurred on the date stated above at
   The principal cause of death and related causes of importance were as follows:
   "Pneumonia, Pulmonary" Date of onset
   Other Contributory Causes of Importance:
   "Other Pneumonia with
   Name of operation...
   Date of...
   What test confirmed diagnosis?...
   Was there an autopsy?...
   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide...
   Date of injury...
   Where did injury occur?...
   Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE....
   Manner of injury...
   Nature of injury...
   24. Was disease or injury in any way related to occupation of deceased?...
   If so, specify...
   (Signed)...
   M. D.

If more blanks are needed, address State Registrar, 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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**Example I**

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

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

**Example II**

| The principal cause of death and related causes of importance were as follows: |
| **Attack of epilepsy** | Date of onset |
| **Run over by street car** | 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: Dorchester
   Village or City: Near Elwood
   Length of residence in city or town where death occurred: yrs. 1, mos. 1, ds.

2. FULL NAME: William Alton Willin
   (a) Residence: No. ___________ Hurlock, Md. R.F.D. St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5a. If married, widowed, or divorced
   HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 28th 1937
7. AGE: Years 1, Months 0, Days 0
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.: Infant
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: 0

12. BIRTHPLACE (city or town): Dorchester Co., Md.
14. BIRTHPLACE (city or town): Baltimore, Md.
15. MAIDEN NAME: Myra Virginia Willin.
16. BIRTHPLACE (city or town): Caroline Co., Md.

17. INFORMANT (Address): Alton A. Willin, Hurlock, Md. R.F.D.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Eldorado, Md. Date: July 30th, 1937
19. UNDERTAKER (Address): J. J. Frampton & Son.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
   (Month) 29th (Day) 1937

22. I HEREBY CERTIFY, That I attended deceased from
   ___________ 1937 _______ to ___________ 1937
   I last saw b. alive on ___________ 19, death is said to have occurred on the date stated above, at 5:10 P.M.

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

   Pneumonia

   Date of onset

   Other Contributory Causes of Importance:

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

   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:

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

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

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>1915</td>
<td>AUG 6 1937</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>

<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: Charles Co.
   Village or City: Taylors Sta'd
   No. St., Ward: 113
   Length of residence in city or town where death occurred: yrs., mos., ds.
   How long in U.S. if of foreign birth: yrs., mos., ds.

2. FULL NAME
   If not resident, give city or town and State.

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)  March 13, 1907
7. AGE  19 yrs., 4 mos., 17 days
8. Trade, profession, or particular kind of work done: Mason
   Occupation: Mason
9. Industry or business in which work was done: Construction
   Place of employment: Construction
10. Date deceased last worked at this occupation (month and year): March 13, 1907
11. Total time (years) spent in this occupation: 19 yrs.
12. BIRTHPLACE (city or town)  Smithville
    (State or country): Pa.
13. NAME  Goldsborough Wilson Jr.
14. BIRTHPLACE (city or town)  Smithville
    (State or country): Pa.
15. MAIDEN NAME  Rosy Oliver
16. BIRTHPLACE (city or town)  Smithville
    (State or country): Pa.
17. INFORMANT (Address)  Samuel Evans, Cornichetown, N.E.
18. BURIAL, CREMATION, OR REMOVAL
    Place: Smithville cem., Date: July 29, 1937
20. FILED  July 27, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH  July 26, 1937
22. I HEREBY CERTIFY: That I attended deceased from 19 yrs., to 19 yrs.

I lost saw h... alive on 19 yrs., of said h...

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

  Date of onset:

  Name of operation:

  What test confirmed diagnosis:

  Was there an autopsy:

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?  Accident
    Date of injury: July 19, 1937
    Where did injury occur?  Smithville,
    (Specify city or town, county and State)
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
    Man. of injury: drowning
    Nature of injury: drowning

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

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

**Example I**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
<th>Other Contributory Causes of Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>RECEIVED 1915</td>
<td>Gallstones May 1, 1923</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>AUG 6 1937</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JUL 5, 1927</td>
<td></td>
</tr>
</tbody>
</table>

**Example II**

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

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

1. PLACE OF DEATH
   County: Baltimore
   Village or City: Catonsville
   Registration Dist. No.: 106
   No. St. Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if foreign birth?: yrs. mos. ds.

2. FULL NAME
   Married: Yes
   If U. S. Veteran, specify WAR: No
   Residence: No.
   Street: 800 E. 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: May
   Day: 16
   Year: 1937

7. AGE
   Years: 40
   Months: 0
   Days: 15

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)

11. Total time (years) spent in this occupation

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

13. NAME
   John E. Robinson

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

15. MAIDEN NAME
   Mary E. Robinson

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

17. INFORMANT
   Name: Gertrude Gates
   Address: Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Catonsville, Md.
   Date: 7/18, 1937

19. UNDERTAKER
   Name: L. L. Loomis
   Address: Catonsville, Md.

20. FILED
   Date: 7/18, 1937
   Registrar:

21. DATE OF DEATH
   Month: July
   Day: 16
   Year: 1937

22. I HEREBY CERTIFY, That I attended deceased from the illness which caused death.
   I last saw him alive on.
   Death is said to have occurred on the date stated above at
   The principal cause of death and related causes of importance were as follows:
   Coronary Atherosclerosis

Other Contributory Causes of Importance:

Name of operation
Date of

What last confirmed diagnosis? Was there an autopsy?

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

Manner of injury
Nature of injury

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

If so, specify
(Signed) M. D.
(Address) Baltimore, Md.

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

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</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
</tr>
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<td><strong>Cerebral hemorrhage</strong> <strong>AUG 4 1937</strong></td>
</tr>
<tr>
<td><strong>BUREAU V. S.</strong></td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
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