STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Washington
Village or City: Hagerstown
Registration Dist. No.: 302
St., / Ward:
No.
Length of residence in city or town where death occurred: 48 yrs., 0 mos., 0 ds.
INSTRUCTIONS. When death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME

MRS HATTIE E. AMBROSE
(a) Residence: No. 27 Winter, St., / Ward.
(USUALLY 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

MARRIED
6a. If married, widowed, or divorced

HUSBAND OF

Marshall

6b. If husband or wife of

Marshall

6c. If wife of

Marshall

6d. If husband of

Marshall

6e. If not husband or wife of

Marshall

6f. If not husband or wife of

Marshall

6g. If not husband or wife of

Marshall

6h. If not husband or wife of

Marshall

6i. If not husband or wife of

Marshall

6j. If not husband or wife of

Marshall

6k. If not husband or wife of

Marshall

6l. If not husband or wife of

Marshall

6m. If not husband or wife of

Marshall

6n. If not husband or wife of

Marshall

6o. If not husband or wife of

Marshall

6p. If not husband or wife of

Marshall

6q. If not husband or wife of

Marshall

6r. If not husband or wife of

Marshall

6s. If not husband or wife of

Marshall

6t. If not husband or wife of

Marshall

6u. If not husband or wife of

Marshall

6v. If not husband or wife of

Marshall

6w. If not husband or wife of

Marshall

6x. If not husband or wife of

Marshall

6y. If not husband or wife of

Marshall

6z. If not husband or wife of

Marshall

7. AGE

66 Years
— Months
28 Days
If LESS than 1 day, hrs., or min.

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

Housewife

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

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

Mar. 1937

11. Total time (years) spent in this occupation

10 yrs.

12. BIRTHPLACE (city or town)

Mt. Zion, Maryland

(State or country)

13. NAME

Asbury Brown

Birthplace: Mt. Zion, Md.

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Jda E. Pryor

Birthplace: Mt. Zion, Md.

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT (Address)

Marshall Ambrose

Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Hagerstown, Md.

Place of Burial or Removal: Hagerstown, Md.

19. UNDERTAKER

Hagerstown, Md.

H. K. Calhoun, M.D.

Address: Hagerstown, Md.

20. FILED

9-28-1937

Registrar

21. DATE OF DEATH

Sept. 26

(Month)

1937

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 26, 1937 to Sept. 26, 1937

I last saw h. on Aug. 27, 1937 alive on Aug. 27, 1937; death was caused by

Hepatocellular failure.

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

Pulmonary Pneumonia

Other Contributory Causes of Importance:

Name of operation:

Date of:

What test confirmed diagnosis:

Date of:

Was there an autopsy:

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

Accident, suicide, or homicide:

Date of Injury:

Where did injury occur:

(Specify city, town, county and State):

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

Manner of Injury:

Nature of Injury:

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

If so, specify:

(Signed):

M.D.

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

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

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

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

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

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

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

Example I

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

Example II

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

Other contributory causes of importance:

Gallstones                         | May 1, 1923    |

Gastroenteritis                    | 1 year        |

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

1. PLACE OF DEATH

County Washington
Village or City Cascade md
No. Registration Dist. No. 306
St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME Patricia Ann Andercykh
(a) Residence: No. Cascade md
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (mark the word) Single

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

6. DATE OF BIRTH (month, day, and year) March 17, 1937
7. AGE Years 5 Months 2 Days

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

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

11. Total time (years) spent in this occupation

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

13. NAME Walter Andercykh

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

15. MAIDEN NAME Ingrimm Royer

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

17. INFORMANT (Address) Walter Andercykh
Cascade md

18. BURIAL, CREMATION, OR REMOVAL Cemetery Waynesboro
Place of Andrew Date 9/17, 1937

19. UNDERTAKER Walter Y. Moore

20. FILED Dec. 10, 1937

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting S. 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 home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
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<tbody>
<tr>
<td><strong>The principal cause of death and related causes</strong></td>
<td><strong>The principal cause of death and related causes</strong></td>
</tr>
<tr>
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<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>Oct 6, 1937</td>
<td>1921</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>1 week ago</td>
</tr>
<tr>
<td>BUREAU V.S.</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>May 1, 1923</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**

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Washington
Registration Dist. No.: 302
Village or City: Hagerstown
No. Wash Co. Hospital: St., 5
Length of residence in city or town where death occurred: 1 yrs., mos., ds.
(Ward)
If death occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME: Homald Lee Barton

(a) Residence: No. 124 Clarkson Ave.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): April 27, 1936
7. AGE: 64 yrs., 7 mos., 7 days

8. OCCUPATION: Housekeeping

9. Industry or business in which work was done: As a SPINNER, SAW MILL, BANK, etc.

10. Oath deceased last worked at this occupation (month and year): 12/31/1936

11. Total time (years) spent in this occupation: 0 yrs.

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

13. NAME: Charles Barton

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

15. MAIDEN NAME: Edith Vugamott

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

17. INFORMANT: Charles Barton

18. BURIAL, CREMATION, OR REMOVAL
Place: Hagerstown, MD
Date: Sept 1, 1937

19. UNOVERTAKER: H. K. Cooper

20. FILED: 9-5-1937
Registrar: Dr. Blair

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Month: Sept
Day: 7
Year: 1937

22. I HEREBY CERTIFY, that I attended deceased from Sept 2, 1937 to Sept 7, 1937, last saw him dead on Sept 1, 1937, death is said to have occurred on the date stated above, at 12:00 noon. The principal cause of death and related causes of importance were as follows:

Name of operation: N/A
Date of onset: Aug 27

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

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

If so, specify: N/A

If U.S. Veteran, specify WAR: N/A

If nonresident give city or town and State: Hagerstown, MD

Date of Autopsy: N/A

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

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<tr>
<td>Date of onset</td>
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<td>1915</td>
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</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Date of onset</td>
<td>1 year</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Washington Co., Md.
   Village or City: Near Indian Springs, Md.
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence No.: 446 Clarence Ave.
   If U.S. Veteran, specify WAR:
   If nonresident give city or town and State:

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): Aug 27, 1909
7. AGE: 27 yrs. 0 mos. 8 days

8. Trade, profession, or particular kind of work done: Tin Mill Worker

9. Industry or business in which work was done: Tin 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): Finland
    (State or country): Finland
13. NAME: Albert Berkhoff
14. BIRTHPLACE (city or town): Finland
    (State or country): Finland
15. MAIDEN NAME: Matoula Kaitanaja
16. BIRTHPLACE (city or town): Finland
    (State or country): Finland
17. INFORMANT Name: Berkhoff
    (Address): 446 Clarence Ave., Monessen Pa.
18. BURIAL, CREMATION, OR REMOVAL
    Place: Monessen, Pa., Date: Sept. 7, 1937

19. UNDERTAKER: Snyder & Snyder
    (Address): Clear Spring Rd.
20. FILED: Sept. 7, 1937

21. DATE OF DEATH: Sept. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from
    Date of onset:

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide: Accident
    Date of injury: 1937
    Where did injury occur?: Monessen, Monessen Co., West Pitts
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
    Manner of death: Automobile accident
    Nature of injury:

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

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

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Example I

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<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
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</thead>
<tbody>
<tr>
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<td>1915</td>
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<td>1 week ago</td>
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<tr>
<td>Chronic interstitial nephritis</td>
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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 | 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 Washington
   Village or City Hagerstown
   No. 222 S. Locust St.
   Registration Dist. No. 302
   Ward
   Length of residence in city or town where death occurred: 57 yrs. mos.
   ds.
   How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ross Borne
   (a) Residence: No. 222 S. Locust St.
   If U.S. Veteran, specify WAR

3. PERSONAL AND STATISTICAL PARTICULARS
   3a. SEX Male
   4. COLOR OR RACE White
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
   (Write the word)
   5a. If married, widowed, or divorced
      HUSBAND OF (or) WIFE OF Elsie Borne

4. DATE OF BIRTH (month, day, and year) Nov. 22, 1879

5. AGE Years 57
   Months 9
   Days 26
   If less than 1 day, hours, or minutes.

6. OCCUPATION Engineer
    Penn. R. R.

7. WHITEPLACE (city or town) Hagerstown
    Md.

8. NAME George D. Borne
    Washington County
    Md.

9. MAIDEN NAME Jennie

10. BIRTHPLACE (city or town) Washington County
    (State or country)

11. INFORTMANT Mrs. Elsie Borne
    (Address) Hagerstown, Md.

12. BURIAL, CREMATION, OR REMOVAL
    Place Hagerstown, Md.
    Date Sept. 20, 1937.

13. UNDERTAKER Fred W. Kraiss.
    (Address) Hagerstown, Md.

14. MEDICAL CERTIFICATE OF DEATH
    21. DATE OF DEATH September 17, 1937
       (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from
    Sept. 17, 1937, to Sept. 17, 1937
    Last saw him the alvea on, 19; death is said
    to have occurred on the date stated above, 12:30 p.m.
    The principal cause of death and related causes of importance
    were as follows:
    Postsynar peudulino (p)
    Other Contributory Causes of Importance:
    Name of operation.
    What test confirmed diagnosis.
    Date of.
    Was there an autopsy?

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

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

25. Signed:
    (Address) Hagerstown, Md.
    Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Received 1915</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Oct 6, 1937</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

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

**Example II**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Washington
   Village or City: Hagerstown
   Registration Dist. No.: 3.02
   No. 351 Ridge Ave. St. 2 Ward
   Length of residence in city or town where death occurred: 30 yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Mary Cave
   If U.S. Veteran, specify WAR
   (a) Residence: No. 351 Ridge Ave. St. 2 Ward
      (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   May 16, 1877

7. AGE
   Years: 60
   Months: 3
   Days: 24

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

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE
   None

10. DATES DECEASED LAST WORKED AT THIS OCCUPATION
    Date

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

12. BIRTHPLACE (CITY OR TOWN)
    Shenandoah, Va.

13. NAME OF FATHER
    Albert Shoffner

14. BIRTHPLACE (CITY OR TOWN)
    Shenandoah, Va.

15. MAIDEN NAME
    Annie Douglas

16. BIRTHPLACE (CITY OR TOWN)
    Shenandoah, Va.

17. INFORMANT
    Mrs. Priscilla Thompson
    Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Hagerstown, Md.
    Date: 9/12/1937

19. UNDERTAKER
    C. W. Suter & Sons
    Hagerstown, Md.

20. FILED
    9-9-1937

21. DATE OF DEATH
    Sept. 9, 1937

22. I HEREBY CERTIFY
    That I attended deceased from
    Mch. 1, 1937, to Sept. 9, 1937
    I last saw her alive on Sept. 8, 1937
    Death is said to have occurred on the date stated above, at 8 p.m.

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

    Other Contributory Causes of Importance:

    Name of operation
    Date of

    What test confirmed diagnosis?
    Date of

    Where did injury occur?

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

    Manner of Injury

    Nature of injury

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

    If so, specify

    Hagerstown, Md.

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

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

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

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<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| Date of onset |---|---|---|
|---|---|---|
| | | |
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Washington
   Village or City: Williamsport
   No. St. Ward

   Length of residence in city or town where death occurred: 34 yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: Mary Gertrude Spohn Cushwa
   (If U. S. Veteran, specify WAR)

   (a) Residence: No. 20 East Salisbury, St., Ward.

   (Usual place of abode)

   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX: female
   4. COLOR OR RACE: white
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

   6. DATE OF BIRTH (month, day, and year): June 21, 1874
   7. AGE: 63 yrs. 3 mos. 8 days

   8. OCCUPATION: housewife
   9. Industry or business in which work was done: housewife
   10. Date deceased last worked at this occupation: 1936

   11. Total time (years) spent in this occupation: 1936

   12. BIRTHPLACE (city or town): Cincinnati, Ohio
   13. NAME: Charles Franklin Spohn
   15. MAIDEN NAME: Jane Sullivan
   16. BIRTHPLACE (city or town): Fredrick, Md.

   17. INFORMANT: C. C. Cushwa
   18. BURIAL, CREMATION, OR REMOVAL:
      Place: Hagerstown, Md.
      Date: Oct. 1, 1937

   19. UNDERTAKER: Edith V. Leaf
   20. FILED: Sept. 30, 1937, first registrar

   If more blanks are needed, address State Registrar, 4411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: Sept. 29, 1937


   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 nonresident give city or town and State

   Date of onset: 1933

   Other Contributory Causes of Importance:
   Metastatic Carcinoma Lungs: 1936

   Name of operation: Radical Mastectomy
   What test confirmed diagnosis? Clinical
   Was there an autopsy? No

   Manner of Injury...
   Nature of Injury...

   Signed: Ralph F. Young M.D.
   Address: Williamsport, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

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

<table>
<thead>
<tr>
<th>Arteriosclerosis</th>
<th>1915</th>
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</thead>
<tbody>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Oct 4, 1937</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

---

Example II

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

<table>
<thead>
<tr>
<th>Attack of epilepsy</th>
<th>1 week ago</th>
</tr>
</thead>
<tbody>
<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 |

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

1. PLACE OF DEATH
   County: Washington.
   Village or City: Hagerstown.
   Registration Dist. No. 302
   St. 5
   Ward
   Home
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: 6 yrs. mos. ds.
   How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William P. Deavers.
   (a) Residence: 41 1/2 W. Franklyn
   (Usual place of abode)
   St. 5
   Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   (or) WIFE of
   Mary J. Deavers.

6. DATE OF BIRTH (month, day, and year)
   Aug 21, 1863.

7. AGE Years 74
   Months
   Days 23
   If LESS than 1 day, ....h . ....min.

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

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

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

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

13. NAME Thornton Deavers.
14. BIRTHPLACE (city or town)
    Rockingham County, Va.
    (State or country)

15. MAIDEN NAME Not known.
16. BIRTHPLACE (city or town)
    Rockingham County, Va.
    (State or country)

17. INFORMANT
    Mrs Mary J. Deavers.
    Hagerstown, Md.
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Rose Hill Cemetary, Sept 15, 1937
    Place
    Date

19. UNDERTAKER
    Fred W. Kraiss.
    (Address)

20. FILED
    9-15-1937
    St. 2
    Registrar

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

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from
    (Specify cause of death)
    5-10 P.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    Chronic Lymphatic Leukemia
    (Specify date of onset)
    Lagos, 11-7-1937

Other Contributory Causes of importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?
    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
    (Address)
    (Signed)
    (M.D.)
    15 B. W. Washington, Hagerstown, Maryland
    (Address)

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

| The principal cause of death and related causes of importance were as follows: | 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 | OCT 6, 1937 |

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

I did not attend this man at any time. He was under the care of Dr. R. P. Conrad 157 W. Washington St. Pueblo, Col., who was out of town at time of death. Dr. Conrad had arranged with me to see him when necessary & to sign this certificate in case of death.

[Signature]

John N. Home, M.D.
1. **PLACE OF DEATH**
   - County: Washington
   - Village or City: Hagerstown
   - Registration Dist. No.: 302
   - No.: Wash County Hospital 3

2. **FULL NAME**
   - Residence: No. 300 Bloom Alley
   - If U. S. Veteran, specify WAR: 

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEX: Male</td>
<td>DATE OF DEATH: Sept. 6, 1937</td>
</tr>
<tr>
<td>COLOR OR RACE: Colored</td>
<td>(Month) 6 (Year) 1937</td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married</td>
<td></td>
</tr>
</tbody>
</table>

3. **DATE OF BIRTH**
   - (month, day, and year): Jan. 1902

4. **AGE**
   - Years: 35
   - Months:  
   - Days:  
   - If LESS than 1 year:  
   - If 1 year or 1 day:  

5. **OCCUPATION**
   - Trade, profession, or particular kind of work done: Laborer
   - Industry or business in which work was done: Rate  
   - Date deceased last worked in this occupation (month and year): Sept. 4th

6. **DATE DECEASED**
   - (Month) 5 (Year) 1937

7. **PLACE OF DEATH**
   - Location: Bellevue

8. **INFORMANT**
   - Name: Geo Westly
   - Address: 214 N. Jonathan

9. **BURIAL, CREMATION, OR REMOVAL**
   - Place: Bellevue
   - Date: Sept. 10, 1937

10. **UNDERTAKER**
    - Name: J. M. Culwell
    - Address: Hagerstown

11. **FILED**
    - Date: Aug. 16, 1937

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**Example I**

| The principal cause of death and related causes of importance were as follows: |
|-------------------|-------------------|-------------------|
| Arteriosclerosis   | 1915              | Attack of epilepsy |
| Chronic interstitial nephritis | 1921          | Run over by street car |
| Cerebral hemorrhage | July 5, 1927    | Peritonitis        |

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 | 1 week ago     | Run over by street car |
| Peritonitis        | 1 week ago      | Peritonitis        |
| 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:** Washington
- **Village or City:** Parnamore
- **Length of residence in city or town where death occurred:** 7 yrs. 0 mos. 2 ds.

### 2. FULL NAME
- **Mary A. Eversole**
- **If U.S. Veteran, specify WAR:**
- **Residence:** No. 1, Parnamore St., Ward 1

### PERSONAL AND STATISTICAL PARTICULARS
- **SEX:** Female
- **COLOR OR RACE:** White
- **MARRIAGE STATUS:** Widow

### 3. DATE OF DEATH
- **DAY:** 25
- **MONTH:** Sept
- **YEAR:** 1937

### MEDICAL CERTIFICATE OF DEATH
- **Diabetes Mellitus**
- **Onset Date:** 8 year

### 22. I HEREBY CERTIFY... 
- **Last saw... alive on:** July 23, 1937
- **Death occurred:** July 30, 1937
- **Date stated above:** July 30, 1937

### 12. BIRTHPLACE (city or town)
- **Nea. Litingsburg**
- **Birthplace (State or country):** Litingsburg, Md.

### 13. NAME
- **Father:** Abram Stute
- **Maiden Name:** Fannie Huber

### 17. INFORMANT
- **Mary F. Eversole**
- **Address:** Parnamore, Md.

### 19. UNDERTAKER
- **Scott & Minnich, Parnamore, Md.

### 20. FILED
- **9-27-1937**
- **Registar:** M.D.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housewife, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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

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

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

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

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

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

Additional space for further statements by physician.
# Certificate of Death

**1. PLACE OF DEATH**
- County: Washington
- Village or City: Hagerstown

**2. FULL NAME**
- Name: Frank Edwards

**3. SEX**
- Male

**4. COLOR OR RACE**
- White

**5. MARITAL STATUS**
- Single

**6. DATE OF BIRTH**
- Feb 4, 1857

**7. AGE**
- Years: 80
- Months: 6
- Days: 27

**8. OCCUPATION**
- Labor

**21. DATE OF DEATH**
- Month: Aug
- Day: 28
- Year: 1937

**22. MEDICAL CERTIFICATE OF DEATH**
- I hereby certify that I attended deceased from...
- Cause of death: Carcinoma - Esophagus

**23. OTHER CONTRIBUTORY CAUSES OF DEATH**
- Other contributory causes of importance: Hemorrhage of bowel

**24. ADDITIONAL INFORMATION**
- Name of operation: 
- Date of...
- What test confirmed diagnosis?: 
- Was there an autopsy?: 
- Place of injury: 
- Date of injury: 19 ...
- Manner of injury: 
- Nature of injury: 

**25. SIGNATURE**
- (Signed) M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

Example II

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

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Gallstones

Gastroenteritis

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

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

2. FULL NAME
   Miss Jane Favorite
   Residence: No. 153 So. Mulberry St., 3 Ward
   If U.S. Veteran, specify WAR

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

   6. DATE OF BIRTH (month, day, and year): Feb 2, 1857
   7. AGE: Years 80
   8. OCCUPATION: Housewife
   9. Industry or business in which work was done: Housewife
   10. Date deceased last worked at this occupation (month and year): Feb 18, 1937
   11. Total time (years) spent in this occupation: 4 yrs.

21. DATE OF DEATH
   (Month) 9
   (Day) 20
   (Year) 1937

22. I HEREBY CERTIFY that I attended deceased from August 8, 1937 to Sept 2, 1937
   I last saw her alive on: 11 as in.
   She is said to have occurred on the date stated above, at 11 30 P.M.
   The principal cause of death and related causes of importance were as follows:
   Cerebral Hemorrhage
   Other Contributory Causes of Importance: Vascular Insufficiency
   Date of onset: 8/23/37

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide: No
   Date of injury: 19
   Where did injury occur? (Specify city or town, county and state)
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE
   Manner of injury: 
   Nature of injury: 
   Date of injury: 

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

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

To be complete, an occupation return must state:

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

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

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, 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</td>
<td>The principal cause of death and</td>
</tr>
<tr>
<td>related causes of importance were</td>
<td>related causes of importance</td>
</tr>
<tr>
<td>as follows:</td>
<td>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>Oct 6, 1937</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset: May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Other contributory causes of      | Other contributory causes of     |
| importance:                       | importance:                      |
| Gallstones                        | Gastroenteritis                  |
| 1915                              | 1 year                           |

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

1. PLACE OF DEATH

County Washington
Village or City Hagerstown
No. 221 W. Washington St. 1 Ward
Length of residence in city or town where death occurred 22 yrs. mos. days.
(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 22 yrs. mos. days.
How long in U.S. if of foreign birth? yrs. mos. days.

2. FULL NAME

Leroy James. Fermez.
(a) Residence: No. 221 W. Washington St. 1 Ward
(usual place of abode)
If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male
4. COLOR OR RACE

White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (months and word)
Married

SA. If married, widowed, or divorced
HUSBAND or (or) WIFE of
Mildred G. Fermez.

6. DATE OF BIRTH (month, day, and year)
Feb 21, 1915.

7. AGE

Years 22
Months 8
Days 1
If LESS than 1 day, ________hrs.
or ________min.

8. TRADE, PROFESSION, OR PARTICULAR kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
Employed in News agency

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)
Hagerstown
(STATE or country) Maryland.

13. NAME
Vincent Fermez.

14. BIRTHPLACE (city or town)
Philadelphia,
(STATE or country) Penn.

15. MAIDEN NAME
Anna Frank.

16. BIRTHPLACE (city or town)
Arizona.
(STATE or country)

17. INFORMANT
Vincent Fermez.
(Address) Hagerstown.

18. BURIAL, CREMATION, OR REMOVAL
Place Rose Hill Cemt. Date Sept. 24 1937.

19. UNDERTAKER
Fred W. Kraiss.
(Address) Hagerstown.

20. FILED 9-24-1937
Registration Dist. No. 302.

21. DATE OF DEATH
Sept 22 1937
(Month) (Day) (Year)

I last saw him alive on about Sept. 19, 1937, death is said to have occurred on the date stated above, at 5:30 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gunshot wound in vertebrae

Date of onset about May 1 1936.

Date of other Contributory Cause of Importance:

Name of operation.

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

Accident, suicide, homicide, Date of injury.

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

If so, specify

Nature of injury

Manner of injury

Signature of physician

M.D. W. Cameron
Hagerstown Md.

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

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<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>October 8, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

| 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: Washington
Village or City: Hagerstown
Registration Dist. No.: 302
No.: 145 W. Washington St., Ward
Length of residence in city or town where death occurred: yrs. 3 mos. 0 ds.

2. FULL NAME: Grace Fratianni

(a) Residence: No. 238 Jefferson St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

6. DATE OF BIRTH (month, day, and year): June 2, 1937

7. AGE (Years, Months, Days): 3 years 3 months 0 days

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

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

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

11. Total time (years, months, days, hours, or minutes) spent in this occupation: —

12. BIRTHPLACE (city or town): Hagerstown, Md.

13. NAME: Angelo Fratianni

14. BIRTHPLACE (city or town): Italy

15. MAIDEN NAME: Angeline Bolimino

16. BIRTHPLACE (city or town): Italy

17. INFORMANT (Name): Angelo Fratianni

18. BURIAL, CREMATION, OR REMOVAL

Place: Hagerstown
Date: 9/7/1937

19. UNDERTAKER: W. M. Suter & Sons

20. FILED: 7/6/1937

 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 9/5/1937

22. I HEREBY CERTIFY that I attended deceased from Sept. 5, 1937, to Sept. 5, 1937. I last saw deceased alive on Sept. 5, 1937; death is said to have occurred on the date stated above, et. 7:45 p.m.

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

Cause of death: Not determined

Other Contributory Causes of Importance:

23. Name of operation: —

24. Date of: —

25. Was test confirmed diagnosis? —

26. Was there an autopsy? —

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

28. Accident, suicide, or homicide? —

29. Date of Injury: —

30. Where did injury occur? —

31. Specify city or town, county and state: —

32. Nature of Injury: —

33. Manner of Injury: —

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

35. If so, specify: —

36. (Address): M. D.

37. (Address): Hagerstown, Md.

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:

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<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, 1928</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>
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<td>1 week ago</td>
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<td>Peritonitis</td>
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<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: Washington
   Village or City: Bridgeport

2. FULL NAME
   (a) Residence: No. Bridgeport

   If U.S. Veteran, specify WAR

   Residence (slave of abode)

   Ward:

   Registration Dist. No. 302

   No. St., Ward

   Length of residence in city or town where death occurred: 4 yrs., 0 mos., 0 ds.

   How long in U.S. if of foreign birth: yrs., mos., ds.

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Feb 9, 1873

7. AGE
   Years: 64
   Months: 7
   Days: 1
   If LESS than 1 day, number hrs. or number min.

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

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

10. Date deceased last worked at this occupation (month and year)
    June 30, 1931

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

12. BIRTHPLACE (city or town)
    White Hall

13. NAME
    Jonas Hussler

14. BIRTHPLACE (city or town)
    White Hall

15. MAIDEN NAME
    Mollie Heikirk

16. BIRTHPLACE (city or town)
    White Hall

17. INFORMANT (Address)
    J. Earl Harbaugh

18. BURIAL, CREMATION, OR REMOVAL
    Hagerstown, Md.
    Date: Sept. 10, 1937

19. UNDERTAKER
    H. K. Eppstein
    Hagerstown, Md.

20. FILED: 9-10-1937

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

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### Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

### Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 8 days ago |

Other contributory causes of importance:

| 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 Washington Co.
Village or City Blue Ridge Summit

2. FULL NAME

(a) Residence: No. Blue Ridge Summit

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Wife

5a. If married, widowed, or divorced

HUSBAND or (or) WIFE of Walter Harbaugh

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

Nov. 9, 1858

7. AGE

Years 78
Months 9
Days 26

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

House Duties

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 and town)

Sabillasville, Md.

13. NAME

Samford Harbaugh

14. BIRTHPLACE (city and town)

Frederick Co., Md.

15. MAIDEN NAME

Catharine McClellan

16. BIRTHPLACE (city and town)

Sabillasville, Md.

17. INFORMANT

Mrs. Roy Moore

18. BURIAL, CREMATION, OR REMOVAL

Place Sabillasville, Md. Date Sept. 6, 1937

19. UNDERTAKER

Walter H. Moore

20. FILED

Sept. 6, 1937

21. DATE OF DEATH

9-24-37

22. I HEREBY CERTIFY

That I attended deceased from 1-1-37 to 9-4-37; death is said to have occurred on the date stated above, at 2 p.m.

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

Date of onset:

Other Contributory Causes of importance:

Name of operation.

What test confirmed diagnosis? Date of.

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

Accident, suicide, or homicide? Date of Injury.

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

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

Manner of Injury.

Nature of Injury.

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

(Signed) M.D.

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

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<tr>
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<td><strong>Gastroenteritis</strong></td>
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<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: Washington
   Village or City: Hagerstown
   Length of residence in city or town where death occurred: 5 yrs.

2. FULL NAME: Betty M. Hartle
   (a) Residence: No. 111 Elizabeth Street, Hagerstown
   If U.S. Veteran, specify WAR

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

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: September 23, 1937

I HEREBY CERTIFY, That I attended deceased from

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

Branchial pneumonia

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Name of operation:

What test confirmed diagnosis?

Was there an autopsy?

22. ACCIDENT, SUICIDE, HOMICIDE: No
   Date of Injury:
   Where did injury occur?
   Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.
   Manner of Injury:
   Nature of Injury:

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

24. What causes of death are not specified elsewhere in this certificate?
   Other causes of death:

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

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

1. PLACE OF DEATH

County: Washington
Village or City: Middleburg
Registration Dist. No.: 307
No.: Shawmut Sanatorium
Ward: 7

Length of residence in city or town where death occurred: 70 yrs., 10 mos., 12 days

2. FULL NAME

(a) Residence: No.

Hancock, Md.

(Ward)

(usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single

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

Nov. 15, 1866

7. AGE

70 yrs., 10 mos., 12 days

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

Retired Farmer

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

None

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1935, to September 27, 1937. I last saw him alive on September 27, 1937; death is said to have occurred on the date stated above, at 9:30 p.m.

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

HYPERTENSIVE CARDIO- VASCULAR DISEASE

HYPERTROPHIED PROSTATE WITH URINARY RETENTION

Date of Onset: May 1935

Date of Operation: None

13. NAME

Charles W. Henderson

14. BIRTHPLACE (CITY OR TOWN)

Winchester, Va.

15. MAIDEN NAME

Jane B. Biosene

16. BIRTHPLACE (CITY OR TOWN)

Hagerstown, Md.

17. INFORMANT

Raymond L. Henderson

18. BURIAL, CREMATION, OR REMOVAL

Hagerstown, Md.

Date: 9/30/1937

19. UNDERTAKER

L. M. Shelerwood

20. FILED

9-30-1937

Registrar:

L. Bill, M.D.

(address) Hagerstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting 'U. S. No. 1.
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<td>Gallstones</td>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Washington
Village or City: Sandy Hook
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Raymond Lee Himes

(a) Residence: No. Sandy Hook West, Washington St., Ward.

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)

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

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

9. Industry or business in which work was done, e.g. SHIP 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

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

15. MAIDEN NAME

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

17. INFORMANT (Address)

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

19. UNDERTAKER (Address)

20. FILED. Date, 1937. Time.

Medical Certificate of Death

21. DATE OF DEATH

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

Other Contributory Causes of importance:

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

Date of onset

Name of operation... Date of...

What test confirmed diagnosis?... Date of...

Was there an autopsy?

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

Accident, suicide, or homicide?... Date of injury...

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

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

Manner of injury...

Nature of injury...

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

If so, specify...

(M. O.)

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<td>July 5, 1927</td>
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<td>3 days ago</td>
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</table>

Other contributory causes of importance: Gallstones May 1, 1923

Example II

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<td>1 year</td>
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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: Washington
   Village or City: Hagerstown, Washington County
   Registration Dist. No.: 302
   No. St. 3 Ward

   Length of residence in city or town where death occurred: 17 yrs. 10 mos. 15 days

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

2. FULL NAME: Jacob Augustus Hollinger
   Residence: No. 1126 Hamilton Blvd.
   If U.S. Veteran, specify WAR: 
   (Normal place of abode)

   If nonresident give city or town and State: 

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

   If married, widowed, or divorced

   HUSBAND of: Emma T. Hollinger.

6. DATE OF BIRTH: Month, day, and year: July 13, 1860

7. AGE: Years 77
   Months 6
   Days 10
   IF LESS than 1 day, state hours or minutes.

8. TRADE, PROFESSION, OR OCCUPATION:
   Retired Lumber Dealer

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

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

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

12. BIRTHPLACE (city or town): Adams County, Pa.
   State or country: 

13. NAME: Jacob S. Hollinger
   Father: 

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

15. MAIDEN NAME: Sarah Diehl

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

17. INFORMANT
   (Address): Thomas Hollinger
   Hagerstown

18. BURIAL, CREMATION, OR REMOVAL
   Place: Hagerstown, Md
   Date: Sept 25, 1937

19. UNDERTAKER
   (Address): Fred W. Kraiss

20. FILED: M D 1937

21. DATE OF DEATH
   Month: Sept 23
   Day: 1937

22. I HEREBY CERTIFY: That I attended deceased from 
   July 1, 1931, to Sept 29, 1937
   I last saw him alive on July 1, 1931, at 4 A.M.

   The principal cause of death and related causes of importance were as follows:
   Pneumonia
   Date of onset: 9/21

   Other Contributory Cause of importance:

   Other Contributory Cause of importance:

   Name of operation:
   Date of:

   What test confirmed diagnosis?:
   Yes there was an autopsy:

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

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

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

   Manner of Injury:
   Nature of injury:

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

   (Signed): M D

   Address: Hagerstown

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

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

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Condition</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>Condition</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>Condition</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: Washington
- Village or City: Hagerstown
- Home: No. 427 North Prospect Mag.
- Registration Dist. No.: 303
- St.: 5
- Ward: 6
- Length of residence in city or town where death occurred: 5 yrs.
- How long in U.S. if of foreign birth: yrs. mos. ds.

### 2. FULL NAME: Alice Virginia Holtzman
- Residence: No. 427 North Prospect Mag.
- Ward: 6
- If U.S. Veteran, specify WAR
- If nonresident give city or town and State

### 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>

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

### 6. DATE OF BIRTH (month, day, and year)
- Sept 12 1869

7. AGE
- Years: 68
- Months: 0
- Days: 14
- If LESS than 1 day, hrs. or min.

### OCCUPATION
- Housewife

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

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

### 10. DATE DECEASED LOST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
- Housewife

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

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

### 13. NAME: Peter Sensenbaugh

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

### 15. MAIDEN NAME: Alice Hessong

### 16. BIRTHPLACE (CITY OR TOWN)
- (State or country):

### 17. INFORMANT
- 427 N. Prospect, Hagerstown, Md.
- Address:
- Name:
- Relationship:
- Date of onset:

### 18. BURIAL, CREMATION, OR REMOVAL
- Place:
- Rosehill Cem., Hagerstown, Md.
- Date:
- Sept 29, 1937

### 19. UNDERTAKER
- Edith V. Leaf
- Church St., Williamsport, Md.

### 20. FILED
- Date:
- Oct 22, 1937
- Registrar:
- Address:

### MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, that I attended deceased from
- Sept 6 to Sept 26, 1937
- Last saw alive on Sept 20, 1937
- Deceased to have occurred on the date stated above, at
- Other Contributory Causes of Importance:

### OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

<table>
<thead>
<tr>
<th>Name of operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of</td>
</tr>
<tr>
<td>What test confirmed diagnosis?</td>
</tr>
<tr>
<td>Was there an autopsy?</td>
</tr>
</tbody>
</table>

23. Accidental, suicide, or homicide:
- Date of injury: 1937
- Where did injury occur? (Specify city or town, county and State)
- Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

### MANNER OF INJURY

### NATURE OF INJURY

24. Disease or injury? Relate to occupation of deceased:
- If so, specify

### SIGNED
- (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, carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1924</td>
</tr>
</tbody>
</table>

**Example II**

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

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
</tr>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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

1. **PLACE OF DEATH**
   - County: Washington
   - Village or City: Clear Spring
   - Registration Dist. No.: 203

2. **FULL NAME**: James Hoover Host
   - If U.S. Veteran, specify WAR: 

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. <strong>SEX</strong></td>
</tr>
<tr>
<td>4. <strong>COLOR OR RACE</strong></td>
</tr>
<tr>
<td>5. <strong>SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. <strong>DATE OF DEATH</strong></td>
</tr>
</tbody>
</table>

22. **I HEREBY CERTIFY** that I attended deceased from Sept. 11, 1937, to Sept. 12, 1937, and that I last saw him alive on Sept. 11, 1937. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

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

<table>
<thead>
<tr>
<th>Other Contributory Causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of operation</th>
<th>Date of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of operation</th>
<th>Date of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Accident, suicide, or homicide?</th>
<th>Date of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where did injury occur?</th>
<th>Specify city, town, county, and State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manner of injury</th>
<th>Nature of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>If so, specify</th>
<th>(Signed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jonathan P. Reit, M.D.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Clarksburg, Md</th>
</tr>
</thead>
</table>

If more blanks are needed, address State Registrar, 2431 N. Charles Street, Baltimore, requesting U.S. No. 1.
UNIVERSAL STATE 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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**Example I**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>

**Example II**

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

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

2. FULL NAME

(a) Residence: No. 1 Hagerstown St., Ward.
(b) If U.S. Veteran, specify WAR.

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

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

Sept. 5, 1935

7. AGE

2 yrs. 0 mos. 16 days

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

Nursing

9. OCCUPATION

Nursing

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Hagerstown

13. NAME

Martin Ingalls

14. BIRTHPLACE (city or town)

Maryland

15. MAIDEN NAME

Barbara Catherine Nixdorf

16. BIRTHPLACE (city or town)

Williamsport

17. INFORMANT

Martin Ingalls

18. BURIAL, CREMATION, OR REMOVAL

Place: Hagerstown
Date: Sept. 23, 1937

19. UNDERTAKER

Dr. W. D. Coffman

20. FILED

Sept. 23, 1937

Dr. W. D. Coffman

21. DATE OF DEATH

Sept. 21, 1937

I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1937, to Sept. 21, 1937.
I last saw him alive on Sept. 21, 1937; death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Other Contributory Cause of Importance:

Hypertension

4.17.14

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

Date of Injury: 19...

Where did injury occur?

Specify city or town, county and state

Manner of Injury

Nature of Injury

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

If so, specify

(Signed)

M. D.

Registration Dist. No.

If nonresident give city or town and State

Washington, U.S. Hospital, St., 3, Ward

If U.S. Veteran, specify WAR

W. D. Coffman

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

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

1. PLACE OF DEATH
   County: Washington  
   Village or City: Hagerstown  
   Registration Dist. No.: 302  
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Jacobs  
   (a) Residence: No. 703 W. Church St.  
   Ward.  
   (Usual place of abode)

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

6. DATE OF BIRTH (month, day, and year): Sept. 11, 1937

7. AGE: 30 yrs.  
   If LESS than 1 yr. if you are 28 mos.  
   or 30 hrs.  
   or 30 min.

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

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

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Sept. 11, 1937

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

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

13. NAME: Henry Lee Jacobs  
14. BIRTHPLACE (city or town): Hagerstown  
   (State or country): Md.

15. MAIDEN NAME: Helen B. Boppe  
16. BIRTHPLACE (city or town): Hagerstown  
   (State or country): Md.

17. INFORMANT: Henry Lee Jacobs  
18. BURIAL, CREMATION, OR REMOVAL PLACE: Funkstown, Md.  
   Date: Sept. 13, 1937

19. UNDERTAKER: A.K. Coffman  
20. FILLED: 9-13-1937  
   (Address)  
   (Signed)  
   (Address)  
   (M.D.)  
   (Address)

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

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

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

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

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

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

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

**Example I**

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

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</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></td>
</tr>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
<td></td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Washington
Village or City: Hagerstown
Registration Dist. No.: 302
No. 137 Ray Street, St. 3, Ward
Length of residence in city or town where death occurred: 20 yrs., mos., ds.

2. FULL NAME: Mary Lena Johnson

(a) Residence: No. 137 Ray Street, St. 3, Ward.
If U. S. Veteran, specify WAR.
If nonresident give city or town and State.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
Dec. 7, 1903

7. AGE
Years: 33
Months: 9
Days: 10
If LESS than 1 day, hrs., or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Home 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 and state or country)
Washington County, Md.

13. NAME
Adam Neal

14. BIRTHPLACE (city or town and state or country)
Washington County, Md.

15. MAIDEN NAME
Henrietta Kendle

16. BIRTHPLACE (city or town and state or country)
Washington County, Md.

17. INFIRMARY
John W. Johnson
Hagerstown, Md.

18. BURIAL, Cremation, or Removal
Place: Leitersburg, Md., Date: Sept. 21, 1937

19. UNDERTAKER
Fred W. Kraiss
Hagerstown, Md.

20. FILED
8-20-1937
W. A. Keefe

21. DATE OF DEATH

September 17, 1937

22. I HEREBY CERTIFY
That I attended deceased from
August 23, 1937 to Sept. 17, 1937.
Last seen alive on Sept. 16, 1937.
Death is said to have occurred on the date stated above, at 11:50 A.M.
The principal cause of death and related causes of importance were as follows:

[Space for descriptions of causes 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 city or town, county and state)

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

Manner of Injury
Nature of Injury

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

If so, specify
(Sign) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, requesting U. S. No. 2.
STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If 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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10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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

**Example I**

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

**Example II**

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

1. PLACE OF DEATH
   County: Washington
   Village or City: Hagerstown
   No. Va. Hospital St., 3 Ward
   Length of residence in city or town where death occurred: yrs. 3 mos. ds.

2. FULL NAME: Ronald Lee Johnston
   Ward: 1
   If U. S. Veteran, specify WAR: ✓

   (Usual place of abode)

   If nonresident give city or town and State

   PERSONAL AND STATISTICAL PARTICULARS

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

   If married, widowed, or divorced: HUSBAND of
   (or) WIFE of

   6. DATE OF BIRTH: June 30, 1937
   7. AGE: 2 yrs. 15 days

   8. TRADE or profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   10. Date deceased last worked at this occupation (month and year)

   OCCUPATION

   11. Total time (years) spent in this occupation

   13. NAME: Roy E. Johnston
   15. MAIDEN NAME: Alma G. Walters
   16. BIRTHPLACE: Smillbury, Md.

   17. INFORMANT: Roy E. Johnston
   18. BURIAL, CREMATION, OR REMOVAL
   19. UNDERTAKER: H. R. Cass, mar. Hagerstown

   20. FILED: 9-16-1937

   MEDICAL CERTIFICATE OF DEATH

   21. DATE OF DEATH: Sept. 15, 1937

   I HEREBY CERTIFY that I attended deceased from Aug. 29, 1937, to Sept. 15, 1937.
   I last saw him alive on Sept. 5, 1937; death is said to have occurred on the date stated above, at 3 A.M.

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

   Date of onset: Sept. 15, 1937

   Other contributory causes of importance:

   Cause: CHRONIC DECOMPENSATION
   Date: July 1937

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

   Manner of Injury:
   Nature of Injury:

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

      (Signed) D. W. Bouman
      M.D.
      (Address) 153 W. Washington St.

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

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<th>Arteriosclerosis</th>
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</thead>
<tbody>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>NOV 8, 1937</td>
</tr>
<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>Attack of epilepsy</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
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<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones

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

1. PLACE OF DEATH

County Washington
Village or City Hagerstown
Length of residence in city or town where death occurred 1 yrs., mos., ds.

2. FULL NAME

Mrs. Estella F. Jones
Residence: No. 787 Hamilton Blvd., S. Ward.

21. DATE OF DEATH

Sept 5, 1937

I last saw her alive on Sept 5, 1937; death is said to have occurred on the date stated above, at 6 a.m.

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

Accident, suicide, or homicide? Date of injury

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

Medical Certificate of Death

Name of operation None

M.D. Binkley

Date of onset

Other Contributory Causes of importance:

Metastasis, Lungs

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

Other contributory causes of importance:

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

**Example II**

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Washington
   Village or City: Hagerstown
   Registration Dist. No. 3. 0. 2.
   Length of residence in city or town where death occurred: 60 yrs., 6 mos., 6 days.
   How long in U.S. or foreign birth? 4 yrs., 3 mos., 1 day.

2. FULL NAME
   (a) Residence: No. 857 Frederick St., 85, Ward.
   If U.S. Veteran, specify WAR.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (underline this word)
   Married

6. DATE OF BIRTH (month, day, and year)
   March 15, 1849

7. AGE
   Years: 88
   Months: 5
   Days: 21
   If LESS than 1 day, hours, or minutes.

8. TRADE, PROFESSION, OR PARTICULAR
   Occupation: Retired Merchant
   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)
    Baltimore, Md.

13. NAME
    George J. Kenly

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

15. MAIDEN NAME
    Pucilla Watkins

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

17. INFORMANT
    (Address)
    Tyson Kenly
    Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Smithsburg, Date: 9-7-1937.

19. UNDERTAKER
    (Address)
    Hagerstown, Md.

20. FILED
    9-7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Sept. 5, 1937

22. I HEREBY CERTIFY that I attended deceased from
    Aug. 25, 1937, to Sept. 4, 1937,
    last saw him, and he was alive on Sept. 4, 1937; death is said to have occurred on the date stated above, at 3 A.M.

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

- Asthma
- Chronic Myocarditis
- Acute Dilatation of Heart

Other Contributory Causes of Importance:

- Name of operation
- Was there an autopsy? No
- Date of operation
- What was confirmed diagnosis?

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

Accident, suicide, or homicide?
Who did injury occur?
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) Robert H. Kepl, M. D.

Registrar

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<td>July 5, 1927</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>Received 1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>Oct 8, 1927 1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>Oct 8, 1927   3 days ago</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Example II

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

<table>
<thead>
<tr>
<th>Cause of Death</th>
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</tbody>
</table>

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

1. PLACE OF DEATH
   County: Washington Co
   Village or City: Hagerstown, Md
   Registration Dist. No.: 302

2. FULL NAME: Pearl Louise Neep
   Residence: No. 28 Clear Spring Wd

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   Husband of (or) Wife of
6. DATE OF BIRTH (month, day, and year): Oct 4, 1935
7. AGE: 64 yrs. 10 mos. 27 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 MILK, MILL, SAW MILL, BANK, ETC.
10. DATE DANCED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

OCCUPATION

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN): Washington Co, Md
13. NAME: Ross Neep
14. BIRTHPLACE (CITY OR TOWN): Washington Co
15. MAIDEN NAME: Florence Estes
16. BIRTHPLACE (CITY OR TOWN): Washington Co

OTHER PERSONAL OR STATISTICAL PARTICULARS

17. INFORMANT: Mrs. Florence Neep
18. BURIAL, CREMATATION, OR REMOVAL
   Place: St. Paul's Cemetery
   Date: Sept. 3, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 9/1/1937
22. I HEREBY CERTIFY THAT I ATTENDED DUECEASED FROM: 9/1/1937 TO 9/1/1937
   LAST SAW HER ALIVE ON: 9/1/1937
   DEATH IS SIGNED: 9/1/1937
   OCCURRED IN: St. Paul's Cemetery
   CITY: Hagerstown
   COUNTY: Washington Co
   STATE: Md

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

Infectious Embolic Left Leg

Other Contributory Causes of Importance:

Date of Final: 8/9/1937

What last confirmed diagnosis: Chills
Was there an autopsy: No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
   ACCIDENT, SUICIDE, OR HOMICIDE: Yes
   Date of Inj.: 9/1/1937
   WHERE INJURY OCCURRED: St. Paul's Cemetery
   SPECIFY CITY OR TOWN, COUNTY AND STATE:
   MANNER OF INJURY:
   NATURE OF INJURY:

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEDENT: No
   IF SO, SPECIFY: CHILLS

Registrar: [Signature]

Address: Hagerstown, 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.

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

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

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

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

1. PLACE OF DEATH

County: Washington

2. FULL NAME

(a) Residence: Funkstown, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Married

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

Feb. 15, 1901

7. AGE

Years: 36
Months: 7
Days: 6

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

Housewife

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

Own Home

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)

Stephen City, Va.

13. NAME

Shaney Palmer

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

15. MAIDEN NAME

Florence Palmer

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

17. INFORMANT (Address)

Rudolph M. Krump

18. BURIAL, CREMATION, OR REMOVAL

Funkstown, Ind.

19. UNDERTAKER (Address)

Hagerstown, Md.

20. FILED

9-23-1937

21. DATE OF DEATH

September 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to Sept. 21, 1937

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

Hypertension, cardiac

Other Contributory Causes of importance:

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

Accident, suicide, or homicide?

Date of injury

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

(Signed)

Registar

M.D.

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

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

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

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

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

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

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

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<td>Cerebral hemorrhage</td>
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</table>

Other contributory causes of importance:

| Gallstones | May 1, 1928 |

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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 Washington
   Village or City: Washington
   Registration Dist. No. 302
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME. Sherlock Lewis
   If U. S. Veteran, specify WAR
   Residence: No. 1253 McLeary St., Ward. 3
   (Usual place of abode)
   Ward.
   If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   M.

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   MARRIED

6. DATE OF BIRTH (month, day, and year)
   May 5, 1937

7. AGE YEARS
   11

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)
    Frederick, Maryland

13. NAME
    Thomas Lewis

14. BIRTHPLACE (city or town)
    Frederick, Maryland

15. MAIDEN NAME
    Susan Lewis

16. BIRTHPLACE (city or town)
    Frederick, Maryland

17. INFORMANT
    Parents

18. BURIAL, CREMATION, OR REMOVAL
    Date Sept. 18, 1937

19. UNDERTAKER
    E. D. Simmons

20. FILED 9-17-1937

21. DATE OF DEATH
    September 16, 1937

    I last saw him alive on Sept. 15, 1937; death is said to have occurred on the date stated above, at 1:00 A.M.
    The Principal Cause of Death and related causes of importance were as follows:
    Bilharziasis

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

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

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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11.—The number of years the deceased followed the occupation.

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

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

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

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<td>Date of onset: May 1, 1923</td>
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<td>Date of onset: Gastroenteritis</td>
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<td>Date of onset: 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: Washington

Village or City: Maryland

Registration Dist. No.: 306

St., Ward:

Length of residence in city or town where death occurred: 20 yrs., 10 mos., 14 ds.

2. FULL NAME
(a) Residence: No.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Female

4. COLOR OR RACE
White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
Married

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

John Lackalabough

6. DATE OF BIRTH

4-26-1848

7. AGE

89 yrs.

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

None

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

None

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Lancaster

(State or country)

13. NAME

Benjamin Ewalt

14. BIRTHPLACE (city or town)

Maryland

(State or country)

15. MAIDEN NAME

Mrs. Sophie M. Reich

16. BIRTHPLACE (city or town)

Lancaster

(State or country)

17. INFORMANT

Mrs. Harry Bickel

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

Address

20. FILED

Sept. 11, 1937

Registrat.

If more blanks are needed address State Registrar, 2412 N. Charles Street, Baltimore, Requesting "U. S. No. 2."
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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: Washington
- Village or City: Hagerstown
- No: Wash. Co. Hospital St., 3d
- Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
- Carson Earl Maclay
- (a) Residence: No. Edgemont, 2297
- If U.S. Veteran, specify WAR:
- If nonresident give city or town and State:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
- Male

4. COLOR OR RACE
- White

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

6. DATE OF BIRTH (month, day, and year)
- Oct. 12, 1894

7. AGE
- Years: 38
- Months: 11
- Days: 8

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

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

10. Date deceased last worked at this occupation (month and year)
- June 22, 1937

11. Total time (years) spent in this occupation
- 8 yrs.

12. BIRTHPLACE (city or town)
- Shippensburg, Pa.

13. NAME
- John H. Maclay

14. BIRTHPLACE (city or town)
- Shippensburg, Pa.

15. MAIDEN NAME
- Sue Stake

16. BIRTHPLACE (city or town)
- Orristown, Pa.

17. INFORMANT (Address)
- Mrs. Leasa Maclay Edgemont Mil.

18. BURIAL, CREMATION, OR REMOVAL
- Place: Smithsburg
- Date: Sept. 22, 1937

19. UNDERTAKER
- Hagerstown, Md.

20. FILED
- 9-22-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
- Sept. 20, 1937

22. HEREBY CERTIFY, That I attended deceased from
- Nov. 14, 1937, to Sept. 19, 1937;
- I last saw him alive on Sept. 19, 1937;
- Death is said to have occurred on the data stated above, at 6 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance are as follows:
- Broncho-pneumonia post-operative
- Date of onset: 9/17/37
- Other Contributory Causes of Importance:
  - Intestinal Obstruction mechanical
    - Date of operation: 9/13/37
    - The test confirmed diagnosis: clinical
    - Was there an autopsy?: 11/6

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

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

25. Manner of Injury

26. Nature of Injury

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

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>Date of onset: 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: Washington Co, Maryland
   Village or City: Clear Spring Rd
   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)
   Registration Dist. No. 303
   No. St., Ward

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, end year)
   Sept. 13, 1937

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

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Washington Co, Maryland

13. NAME
   Carl L. Marguet

14. BIRTHPLACE (city or town)
   Washington Co, Maryland

15. MAIDEN NAME
   Marguerite E. Bowers

16. BIRTHPLACE (city or town)
   Franklin Co., Pa

17. INFORMANT
   Mary Marguerite
   Address: Clear Spring Rd

18. BURIAL, CREMATION, OR REMOVAL
   Place: St. Paul's Cemetery, Date: Sept. 13, 1937

19. UNDERTAKER
   Snyder-Myers
   Address: Clear Spring Rd

20. FILED
   Sept. 13, 1937
   J. D. Murphy
   Registrar

21. DATE OF DEATH
   Sept. 13, 1937

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY that I attended deceased from Stillborn, 1937
   I last saw him alive on 1937
   It is said to have occurred on the date stated above, at 3:30 P.M.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were as follows:
   Date of onset
   Other Contributory Causes of Importance:

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

24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signature) David R. Rupre‐
   (Address) Clear Spring Rd

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.

To be complete, an occupation return must state:

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

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

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

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

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

Example I

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

Other contributory causes of importance:

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

Example II

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

1. **PLACE OF DEATH**
   - County: Washington
   - Village or City: Hagerstown
   - No. 523 Reynolds Ave.
   - Registration Dist. No.: 362
   - St.: 2
   - Ward: 2
   - Length of residence in city or town where death occurred: 70 yrs., 0 mos., 0 ds.
   - How long in U.S. if of foreign birth: 0 yrs., 0 mos., 0 ds.

2. **FULL NAME**
   - Hannah S. Smith Markell
   - (a) Residence: No. 523 Reynolds Ave.
   - (Usual place of abode)

   **PERSONAL AND STATISTICAL PARTICULARS**

   | SEX | COLOR OR RACE | SINGLE, MARRIED, WIDOWED, OR DIVORCED?
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

   5a. If married, widowed, or divorced
   - HUSBAND of (or) WIFE of
   - Widow of William E. Markell
   - Feb 12, 1843

   6. **DATE OF BIRTH**
   - (Month, day, and year)
   - 94 Years
   - 6 Months
   - 22 Days

   7. **AGE**
   - IF LESS THAN 1 day, give number of hrs. or min.

   8. **OCCUPATION**
   - Retired.

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

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

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

   12. **BIRTHPLACE**
   - (City or town)
   - Frederick County
   - (State or country)
   - Maryland

   **MEDICAL CERTIFICATE OF DEATH**

   21. **DATE OF DEATH**
   - (Month)
   - (Day)
   - (Year)
   - Sept 3
   - 1937

   22. **HEREBY CERTIFY**
   - That I attended deceased from Sept 1937 to Sept 3, 1937
   - I last saw deceased alive on Sept 1, 1937
   - Death is said to have occurred on the date stated above, at 11 in.
   - The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:
     - **Respiratory**
     - **Generalized arterio-sclerosis**

   **Other Contributory Causes of Importance**
   - **Chronic pleurisy**

   **Name of operation**
   - Date of:

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

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

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

   **If so, specify**
   - (Signed)
   - (Address)
   - Hagerstown, Md

   **FILED**
   - 9-6-1937
   - Registrar
   - M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

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

County: Washington
Village or City: Hagerstown
Length of residence in city or town where death occurred: 5 yrs.

2. FULL NAME

(a) Residence: No. 238 Hager St.

If U. S. Veteran, specify WAR:

3. SEX

4. COLOR OR RACE

Male
White

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

Married

6. DATE OF BIRTH

January 19, 1864

7. AGE

Years: 73
Months: 7
Days: 189

8. Trade, profession, or particular kind of work done, as SPINNER, SAWS MILL, SAW MILL, BANK, etc.

Engineer

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

Munroe Mill Plant

10. Date deceased last worked at this occupation (month and year): Aug. 14, 1897

11. Total time (years) spent in this occupation: 90 yrs.

12. BIRTHPLACE (city or town)

Hagerstown, Md.

13. NAME

Jacob Marker

14. BIRTHPLACE (city or town)

Sharpsburg, Md.

15. MAIDEN NAME

Catherine Durss

16. BIRTHPLACE (city or town)

Sharpsburg, Md.

17. INFORMANT

Thos. Marker

18. BURIAL, CREMATION, OR REMOVAL

Place: Hagerstown
Date: Sept 9, 1897

19. UNDERTAKER

E. R. Cossman

20. FILED: 9-9-1897

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

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

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<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
</tbody>
</table>

Date of onset: 1915  
Date of onset: 1921  
Date of onset: July 5, 1927  
Date of onset: May 1, 1928  
Date of onset: 1 week ago  
Date of onset: 1 week ago  
Date of onset: 5 days ago  
Date of onset: 1 year

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

1. PLACE OF DEATH

County WASHINGTON
Village or City HAVERSTOWN

2. FULL NAME

John Calvin M. Namee

3. SEX

Male

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

Single

21. DATE OF DEATH

Sept 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from ________________ to ________________ 19.37 I last saw him alive on ________________ 19.37 Death is said to have occurred on the date stated above, at ________________ m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Dr. F. L. Miller

Other Contributory Causes of Importance:

M. Molander

23. If death was due to external causes (VIOLANCE) 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 U. S. Veteran, specify WAR

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

Registration Dist. No. 302

Address 1110 Washington St., 3 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

Personal and Statistical Particulars

SEX

COLOR OR RACE

SINGLE, MARRIED, WIDOWED, OR DIVORCED

M. White

4a. If married, widowed, or divorced HUSBAND (or) WIFE of

3. Residence: No. 22 Summer St., 2 Ward.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from ________________ to ________________ 19.37 I last saw him alive on ________________ 19.37 Death is said

Other Contributory Causes of Importance:

M. Molander

Other Contributory Causes of Importance:

M. Molander

23. If death was due to external causes (VIOLANCE) 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 U. S. Veteran, specify WAR

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

Registration Dist. No. 302

Address 1110 Washington St., 3 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

Personal and Statistical Particulars

SEX

COLOR OR RACE

SINGLE, MARRIED, WIDOWED, OR DIVORCED

M. White

4a. If married, widowed, or divorced HUSBAND (or) WIFE of

3. Residence: No. 22 Summer St., 2 Ward.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from ________________ to ________________ 19.37 I last saw him alive on ________________ 19.37 Death is said

Other Contributory Causes of Importance:

M. Molander

Other Contributory Causes of Importance:

M. Molander

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SEX

COLOR OR RACE

SINGLE, MARRIED, WIDOWED, OR DIVORCED

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 30, 1937

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Nature of injury

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If so, specify

If U. S. Veteran, specify WAR

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

Registration Dist. No. 302

Address 1110 Washington St., 3 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

Personal and Statistical Particulars

SEX

COLOR OR RACE

SINGLE, MARRIED, WIDOWED, OR DIVORCED

M. White

4a. If married, widowed, or divorced HUSBAND (or) WIFE of

3. Residence: No. 22 Summer St., 2 Ward.

If nonresident give city or town and State
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<table>
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<tr>
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<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>Principal cause of death and related causes of importance</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
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<td>Peritonitis</td>
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</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 Washington
Village or City Mt. Lena

Length of residence in city or town where death occurred: yrs. 2 mos. 0 days

If death occurred in a hospital or institution, give its name instead of street and number:

2. FULL NAME.

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

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

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

July 8, 1937

7. AGE

2 years 13 days

8. OCCUPATION

None

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

None

10. PLACE DEATH OCCURRED

Mt. Lena

11. MEDICAL CERTIFICATE OF DEATH

DEPT. 21

1937

22. HEREBY CERTIFY, That I attended deceased from

Sept 16, 1937, to Sept 21, 1937; death is certified to have occurred on the date stated above, at 5:45 p.m.

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

Morasomal Congenital Deformity

Other Contributory Causes of Importance:

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

Mt. Lena, Md.

13. NAME

William C. Miller

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

Fairfield, Penna.

15. MAIDEN NAME

Amanda C. Wilt

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

Waynesboro, Penna.

17. INFORMANT (Address)

William C. Miller
Booneboro, Md., R.l.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Lena and Date Sept 23, 1937

19. Undertaker (Address)

W. E. Burt
Booneboro

20. FILED (Address)

Mt. Lena, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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

<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>OCT 5 1927</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: Washington
   Village or City: Hagerstown
   Length of residence in city or town where death occurred: 40 yrs. mos. ds.

2. FULL NAME: Minnie B. Miller
   Residence: No. 302 N. Potomac Street

   Personal and Statistical Particulars
   SEX: Female
   COLOR OR RACE: White
   SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow
   TRADE, PROFESSION, OR BUSINESS: Home Work
   OCCUPATION: Home Work
   HUSBAND OF: Perry W. Miller

3. DATE OF BIRTH: Oct. 9, 1861
   AGE: 75 yrs.

4. PLACE OF DEATH: Hagerstown, Md.
   BURIAL, CREMATION, OR REMOVAL: Hagerstown, Md.
   UNDERTAKER: Fred W. Kraiss

5. MEDICAL CERTIFICATE OF DEATH
   DATE OF DEATH: September 15, 1937
   I HEREBY CERTIFY: That I attended deceased from March 26, 1937, to Sept. 15, 1937.
   I last saw her alive on Sept. 14, 1937: death is said to have occurred on the date stated above.

   The PRINCIPAL CAUSE OF DEATH was: Removal of sections.
   Other Contributory Causes of Importance: Removal of sections.

6. Date of onset: 1937

7. NAME OF OPERATION: Removal of sections.

8. ACCIDENT, SUICIDE, OR HOMICIDE: No.
   MANNER OF InJURY: Removal of sections.

9. WHERE DID INJURY OCCUR? (Specify city or town, county and State): Hagerstown, Md.
   NATURE OF INJURY: Removal of sections.

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

11. If U. S. Veteran, specify WAR: No.

12. IF NONRESIDENT GIVE CITY OR TOWN AND STATE: Hagerstown, Md.

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

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

To be complete, an occupation return must state:
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>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 6, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Washington
Village or City: Hagerstown
Registration Dist. No.: 302
No. 16 No. Potomac St., 3 Ward
Length of residence in city or town where death occurred: yrs. 3 mos. 0 ds.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
How long in U.S. if of foreign birth?: yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 16 No. Potomac St., 3 Ward.
If U. S. Veteran, specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widower

Sa. If married, widowed, or divorced

HUSBAND OF (or) WIFE OF

Malinda

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

July 17, 1859

7. AGE

78 YRS.

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

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

Laborer

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


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

Sept. 4, 1937

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

39 YRS.

12. BIRTHPLACE (city or town)

Clearspring

(State or country)

13. NAME

No Record

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

No Record

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

John Mills

(House)

Hagerstown

18. BURIAL, CREMATION, OR REMOVAL

Blacks Valley... Date: Sept 8. 1937

19. UNDERTAKER

A. F. Cofman

(House)

Hagerstown

20. FILED

9-5-1937

Blacks Valley

Registrar

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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.
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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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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, ashtenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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</tr>
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<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
</tbody>
</table>

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

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Washington
   Village or City: Hossey
   Registration Dist. No.: 307
   (If death occurred in a hospital or institution, give its NAME, instead of street and number)
   Length of residence in city or town where death occurred: 6 yrs - mos - ds
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 322 W. Marion AVE St. 4
   (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 (write the word)
   Widowed

6. DATE OF BIRTH (month, day, and year)
   July 15, 1850

7. AGE
   Years: 87
   Months: 2
   Days: 8
   If less than 1 day, hours or minutes

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

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

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

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

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

13. NAME
    Jacob Wiilliams

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

15. MAIDEN NAME
    No record

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

17. INFORMANT
    Mrs. Myrtle A. Clayborne
    Address: 322 W. Marion AVE
    Aug. 23, 1937

18. BURIAL, CREMATION, OR REMOVAL
    Place: Baltimore, Md.
    Date: Sept. 26, 1937

19. UNDERTAKER
    (Address)
    F. B. Reed & Sons
    Baltimore, Md.

20. FILED: 9-25-1937
    Registrar

21. DATE OF DEATH
    (Month) 9
    (Day) 23
    (Year) 1937

22. I HEREBY CERTIFY that I attended deceased from Aug. 18, 1937, to Sept. 23, 1937
    I last saw deceased alive on Sept. 19, 1937; death is said to have occurred on the date stated above, at ___m.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    General Deterioration
    Other Contributory Causes of Importance:
    Terminal Paralysis

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

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify
    Name of operation
    Date of Operation
    What test confirmed diagnosis?
    Was there an autopsy?

If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requesting 's. No. 1.
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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<td>Chronic interstitial nephritis</td>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Received</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Oct 6, 1937</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>BUREAU V.S.</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Date of onset</td>
<td>1 year</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></td>
</tr>
</tbody>
</table>

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

1. **PLACE OF DEATH**
   - County: Washington
   - Village or City: Harley Boro.
   - Registration Dist. No.: 304

2. **FULL NAME**
   - Infant B. R.

3. **SEX**
   - Male

4. **COLOR OR RACE**
   - White

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

6. **DATE OF BIRTH**
   - 9/17/37

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

8. **OCCUPATION**
   - None

9. **DATE DECEASED LAST WORKED**
   - 9/17/37

10. **BIRTHPLACE**
    - Place of Birth: Harley Boro.

11. **FATHER NAME**
    - Josua P. R.

12. **MOTHER NAME**
    - Virginia E.

13. **ADDRESS OF DECEASED**
    - 102231

14. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Catalina, Md.
    - Date: 9/18/37

15. **UNDERTAKER**
    - Josua R.

16. **FILED**
    - 9/17/37

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# MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH**
   - Sept. 17, 1937

22. **DATE OF DEATH**
   - Sept. 17, 1937
   - Date of death: Sept. 17, 1937

23. **CONTRIBUTARY CAUSES OF DEATH**
   - Premature

24. **OTHER CONTRIBUTORY CAUSES OF DEATH**
   - Infant

25. **NAME OF INFORMANT**
   - Josua R.

26. **ADDRESS OF INFORMANT**
   - 102231

27. **ADDRESS OF DECEASED**
   - 102231

28. **PLACE OF DECEASED**
   - Catalina, Md.

29. **DATE OF DECEASED**
   - 9/18/37

30. **REGISTRAR**
    - Josua R.

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

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

| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1, 1923 | Gastroenteritis | 1 year |

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

   County: Washington
   Village or City: Washington
   Length of residence in city or town where death occurred: 10 yrs., 0 mos., 0 ds.
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. **FULL NAME**

   (a) Residence: No. 318 No. Prospect St., 5th Ward.
   If U.S. Veteran, specify WAR...

   If nonresident give city or town and State...

   **PERSONAL AND STATISTICAL PARTICULARS**

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

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

   6. **DATE OF BIRTH** (Month, day, and year)
   May 15, 1882

   7. **AGE**
   Years: 75
   Months: 4
   Days: 15

   8. Grade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
   Yard hand

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

   10. Date deceased last worked at this occupation (month and year)
   June 1936

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

   12. **BIRTHPLACE** (city or town)
   Caroline, MD

   13. NAME
   Washington Penney

   14. BIRTHPLACE (city or town)
   Caroline, MD

   15. MAIDEN NAME
   Josephine Smith

   16. BIRTHPLACE (city or town)
   Caroline, MD

   17. INFORMANT
   John Penney

   18. BURIAL, CREMATION, OR REMOVAL
   Leitersburg, MD
   Date: Oct. 2, 1937

   19. UNDERTAKER
   J. W. Coates
   Hagerstown, MD

   20. **DATE OF DEATH**
   Sept. 30, 1937

   21. **MEDICAL CERTIFICATE OF DEATH**

   I HEREBY CERTIFY that deceased deceased from June 30, 1937, to Sept. 30, 1937
   I last saw him alive on Sept 26, 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:

   **Cause of death**
   Chemical Myocarditis, Endocarditis, Pericarditis, Congenital Heart Disease

   **Cause of death**
   Congenital Coronary Disease, Congenital Vitiligo

   Other Contributory Causes of Importance:

   **Cause of death**
   Congenital Heart Disease

   **Cause of death**
   Congenital Vitiligo

   **Cause of death**
   Congenital Coronary Disease

   **Cause of death**
   Congenital Vitiligo

   **Cause of death**
   Congenital Coronary Disease

   22. Date of onset
   June 30, 1937

   23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide?
   Date of Injury

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

   Manner of Injury
   Nature of injury

   24. Was disease or injury in any way related to occupation of deceased?
   If so, specify
   (Signed)
   M.D.
   Hagerstown, 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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10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
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<td>1915</td>
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</tr>
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</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></td>
</tr>
<tr>
<td>NOV 8 1937</td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>July 5 1927</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

2. FULL NAME
   (a) Residence: No. 1016 Rose Hill Ave, 3 Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   Oct 28, 1896

7. AGE
   Years: 40
   Months: 11
   Days: 20

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

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

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

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

12. BIRTHPLACE
    (city or town)
    Williamsport, MD

13. NAME
    Harry E. Poole

14. BIRTHPLACE
    (State or country)
    Williamsport, MD

15. MAIDEN NAME
    Annie M. Byram

16. BIRTHPLACE
    (city or town)
    Waynesboro, PA

17. INFORMANT
    (Address)
    Claude E. Poole, Hagerstown, MD

18. BURIAL, CREMATION, OR REMOVAL
    Place
    Williamsport, MD Sept 20, 1937

19. UNDERTAKER
    (Address)
    Hagerstown, MD

20. FILED
    9-19-1937

21. DATE OF DEATH
    Sept 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from
    Sept 13, 1937 to Sept 17, 1937
    I last saw her alive on
    Sept 17, 1937; death is said to have occurred on the date stated above, et. 10 p.m.
    The principal cause of death and related causes of importance were as follows:
    Heart Failure - Acute Myocarditis
    Other Contributory Causes of Importance:

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

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

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

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 4."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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Example I

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
County Washington
Village or City Hagerstown
No. 1096 S. Potomac St., Ward
Registration Dist. No. 362
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. 1096 S. Potomac St., Ward.
(b) Name: Still Birth Pottstiff
(Ussiplace 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 (write the word)
Single

6. DATE OF BIRTH (month, day, and year)
Sept. 26-37

7. AGE Years Months Days

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME

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

15. MAIDEN NAME
Rebecca Graef

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

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place 1926 Oct. 26, Date Sept. 26, 1937

19. UNDERTAKER
WM. H. Pottstiff
(Address)

20. FILED
G. 27, 1927, Chas. W. Barnes
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Sept. 26, 1937 to Sept. 26, 1937
I last saw deceased on Sept. 26, 1937, and death occurred on the date stated above, at 12:00 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still Birth (5 mins.)

Date of onset

Other Contributory Causes of Importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

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

Manner of Injury
Nature of Injury

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

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

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

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

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

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

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

---

**Example I**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>Oct 6, 1937</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

---

**Example II**

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   - County: Washington
   - Village or City: Washington
   - Length of residence in city or town: 30 yrs. mos. ds.
   - Registration Dist. No.: 302

2. FULL NAME
   - Residence: No. 744 W. Washington St., Ward
   - U.S. Veteran: No

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   - Male

4. COLOR OR RACE
   - White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   - Married
   - Wife Name: Bessie M. Robinson

6. DATE OF BIRTH
   - Month: Sept
   - Day: 10
   - Year: 1869

7. AGE
   - Years: 68
   - Months: 0
   - Days: 18

8. OCCUPATION
   - Retired
   - Trade: None

9. PLACE OF DEATH
   - Location: Washington
   - Date: October 1, 1937

10. MEDICAL CERTIFICATE OF DEATH
    - Cause of Death:
      - Fracture of left tibia
      - Fracture of left tarsus
      - Swollen chest

11. Date of onset:
    - Sept 26

12. BIRTHPLACE
    - City or Town: Smithburg, W.Va.

13. NAME
    - John Robinson

14. BIRTHPLACE
    - State or Country: W. Va.

15. MAIDEN NAME
    - Clarissa Bigler

16. BIRTHPLACE
    - State or Country: Smithburg, W.Va.

17. INFORMANT
    - Name: Mrs. Bessie M. Robinson
    - Address: Washington, Md.

18. BURIAL, CREMATION, OR REMOVAL
    - Place: Washington, Md., Date: Oct 1, 1937

19. UNDERTAKER
    - Name: Scott & Munnies
    - Address: Washington, Md.

20. FILED
    - Date: Sept 26, 1937

If more blanks are needed, address State Registrar, 2441 N. Charles Street, Baltimore, Requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<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: Washington
   - Village or City: Hagerstown
   - Registration Dist. No.: 3.02
   - No. Washington St., 3
   - Ward: 3
   - Length of residence in city or town where death occurred: 47 yrs., 6 mos., 3 ds.
   - How long in U.S. if of foreign birth: 19 yrs., 7 mos., 1 ds.

2. **FULL NAME:** Marguerite C. Rowe
   - Residence: No. 336 Virginia Ave., 2
   - Ward: If U.S. Veteran, specify WAR
   - If nonresident give city and town and State

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th>MEDICAL CERTIFICATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEX</strong> Female</td>
<td><strong>DATE OF DEATH</strong> Sept. 12, 1937</td>
</tr>
<tr>
<td><strong>COLOR OR RACE</strong> White</td>
<td><strong>PLACE</strong> Hagerstown, Md.</td>
</tr>
<tr>
<td><strong>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</strong> Married</td>
<td><strong>6. DATE OF BIRTH</strong> July 23-1890</td>
</tr>
<tr>
<td><strong>HUSBAND OF</strong> Nelson B.</td>
<td><strong>7. AGE</strong> 47 yrs., 11 mos., 19 days</td>
</tr>
<tr>
<td><strong>5a. If married, widowed, or divorced</strong> Husband of</td>
<td><strong>8. I HEREBY CERTIFY</strong> That I attended deceased from</td>
</tr>
<tr>
<td><strong>5b. If married, widowed, or divorced</strong> Wife of</td>
<td><strong>July 23, 1937, to Sept. 12, 1937</strong></td>
</tr>
<tr>
<td><strong>5c. If married, widowed, or divorced</strong> Own Home</td>
<td><strong>9. I last saw him/her alive on</strong> Sept. 12, 1937</td>
</tr>
<tr>
<td><strong>6. DATE OF BIRTH</strong> (month, day, and year)</td>
<td><strong>10. DEATH</strong> Date of onset 7-2-1937</td>
</tr>
<tr>
<td><strong>7. AGE</strong> (years, months, and days)</td>
<td><strong>11. COLOR OR RACE</strong> White</td>
</tr>
<tr>
<td><strong>8. TRADE, PROFESSION, OR PARTICULAR</strong> Housewife</td>
<td><strong>12. OCCUPATION</strong> Housework</td>
</tr>
<tr>
<td><strong>OCCUPATION</strong> Housewife</td>
<td><strong>13. NAME</strong> Daniel M. Gove</td>
</tr>
<tr>
<td><strong>10. Date deceased last worked at this occupation (month and year)</strong></td>
<td><strong>14. BIRTHPLACE</strong> (city or town)</td>
</tr>
<tr>
<td><strong>11. Total time (years) spent in this occupation</strong></td>
<td><strong>15. MOTHER NAME</strong> Christina Gove</td>
</tr>
<tr>
<td><strong>12. BIRTHPLACE</strong> (city or town)</td>
<td><strong>16. BIRTHPLACE</strong> (city or town)</td>
</tr>
<tr>
<td><strong>13. NAME</strong> Daniel M. Gove</td>
<td><strong>17. INFORMANT</strong> N. B. Rowe</td>
</tr>
<tr>
<td><strong>14. BIRTHPLACE</strong> (city or town)</td>
<td><strong>18. BURIAL, CREMATION, OR REMOVAL</strong></td>
</tr>
<tr>
<td><strong>15. MAIDEN NAME</strong> Christina Gove</td>
<td><strong>19. UNDERTAKER</strong> C. H. Siler &amp; Sons</td>
</tr>
<tr>
<td><strong>16. BIRTHPLACE</strong> (city or town)</td>
<td><strong>20. FILED</strong> 9-14-1937</td>
</tr>
<tr>
<td><strong>17. INFORMANT</strong> (Address)</td>
<td><strong>21. MEDICAL CERTIFICATE OF DEATH</strong></td>
</tr>
<tr>
<td><strong>22. I HEREBY CERTIFY</strong> That I attended deceased from</td>
<td><strong>23. ACCIDENTAL DEATH</strong></td>
</tr>
<tr>
<td><strong>24. Was disease or injury in any way related to occupation of deceased?</strong> No</td>
<td></td>
</tr>
</tbody>
</table>

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>1915</td>
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<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Oct 9, 1937</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1928</td>
</tr>
</tbody>
</table>

Example II

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Run over by streetcar</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: Washington Co., Md.
   Village or City: New Jerusalem, Md.
   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
   Martha Runski
   Res. No. 4010 Motherwell Ave., St.
   (Usual place of abode)
   If U.S. Veteran, specify WAR:
   If nonresident give city or town and State:

PERSONAL AND STATISTICAL PARTICULARS

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

7. DATE OF BIRTH (month, day, and year):
   April 20, 1906
8. AGE:
   Years: 31
   Months: 5
   Days: 15
   If LESS than 1 day, __________ hrs. or __________ min.

OCCUPATION:

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH:
   Month: 9
   Day: 6
   Year: 1937

22. I HEREBY CERTIFY, That I attended deceased from __________, 19__
    I last saw him/her __________ alive on __________, 1937.
    Date of onset

Other Contributory Causes of Importance:

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

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, 2412 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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

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

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

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

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

**Example I**

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

**Other contributory causes of importance:**

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1929</th>
</tr>
</thead>
</table>

**Example II**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**Other contributory causes of importance:**

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

1. PLACE OF DEATH
   - County: Washington
   - Village or City: Smithsburg, MD
   - Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Elias William Schildt
   - (a) Residence: No. , Smithsburg, MD

### PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced:

- HUSBAND of: Catherine McBlain Schildt
- WIFE of: 

6. DATE OF BIRTH (month, day, year): April 25, 1848

7. AGE: 89 yrs. 4 mos. 19 days

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

9. Industry or business in which work was done: 

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

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

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

13. NAME: John Schildt

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: Harbaugh Cemetery Date: 9/16, 1937

19. UNDERTAKER: Walter Y. Grove

20. FILED: Sept 13, 1937

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Sept 14, 1937

22. I HEREBY CERTIFY that I attended deceased from Aug 14, 1937, to Sept 14, 1937, I last saw him alive on Oct 14, 1937; death is said to have occurred on the date stated above, et al.

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

- General arteriosclerosis
- Generalized arteriosclerosis
- Other Contributory Causes of Importance:

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

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

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

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

To be complete, an occupation return must state:

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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</tr>
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>Oct 6 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1937</td>
<td>3 days ago</td>
</tr>
<tr>
<td><strong>Other contributory causes of importance:</strong></td>
<td><strong>Other contributory causes of importance:</strong></td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>May 1, 1933</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. Washington
Village or City. Hagerstown

Registration Dist. No. 302
St., Ward.

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

2. FULL NAME. Mary Elizabeth Smith
(a) Residence: No. Rowe's Park.

If U. S. Veteran, specify WAR
(Usual place of abode)

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

6. DATE OF BIRTH (month, day, and year) Jan 15, 1936.

7. AGE Years Months Days

8. TRADE, PROFESSION, OR PAR TICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, etc.

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

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)

13. NAME Joseph R. Smith

14. BIRTHPLACE (CITY OR TOWN)

15. MAIDEN NAME Mary E. Ruth

16. BIRTHPLACE (CITY OR TOWN)

17. INFORMANT Mary E. Smith

18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cemetery Date Sept. 18, 1937

19. UNDERTAKER Fred W. Kraiss

20. FILED 9-17-1937

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
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</thead>
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<td>Run over by street car</td>
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<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>May 1, 1923</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Washington
Village or City: Shawnee

2. FULL NAME: Robert Martin Smith
(a) Residence: No. St., Ward.
(Utility place of abode)
(b) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word)

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

7. AGE: Years 3 Months 0 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 first worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

13. NAME: Larnel Smith
14. BIRTHPLACE (city or town) near Foxville
(State or country)

15. MAIDEN NAME: Francis Fox
16. BIRTHPLACE (city or town) near Foxville
(State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. Undertaker (Address)

Registrar

21. DATE OF DEATH
September 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from... to...
The principal cause of death and related causes of importance were as follows:

Stomach trouble, intestinal, indigestion, duration 3 weeks

Other Contributory Causes of Importance:

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

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

Manner of injury
Nature of injury

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

If so, specify

25. Date of death

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

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

Other contributory causes of importance:

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

1. PLACE OF DEATH

   County: Washington
   Village or City: Hagerstown
   Length of residence in city or town where death occurred: 3 yrs.

2. FULL NAME

   Joseph F. Snell
   (Residence: No. 350 E. Franklin St., 4th Ward)
   If U. S. Veteran, specify WAR:

3. PERSONAL AND STATISTICAL PARTICULARS

   Sex: Male
   Color or Race: White
   Single, Married, Widowed, or Divorced: Married
   Residence of HUSBAND or WIFE of: Florence
   Date of Birth: Oct 27, 1849
   Age: 87 yrs.
   Trade: Merchant
   Occupation: Sawyer
   Date of Death: July 9, 1937
   Date of Death: 7/9/37

4. MEDICAL CERTIFICATE OF DEATH

   Hereby certify that I attended deceased from July 1, 1937, to July 9, 1937, and to have occurred on the date stated above, at 11:30 a.m.
   The principal cause of death and related causes of importance were as follows:
   Cerebral Embolism

   Other Contributory Causes of Importance
   Arteriosclerosis

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

   Manner of Injury:

   Nature of Injury:

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

   If so, specify:

   (Signed):
   M. D.
   Address:
   Hagerstown

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

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Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 6, 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: Washington
   Village or City: Hagerstown
   Registration Dist. No.: 30Z
   No. Wash. County Hospital: St., Ward: (If death occurred in a hospital or institution, give WASH. COUNTY, HOSPITAL, and WARD)

2. FULL NAME
   (a) Name: Catherine E. South
   U. S. Veteran, specify WAR: If nonresident give city or town and State
   (Usual place of abode)
   Residence: No. 148 S. 1st Street, St., Ward: 

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, and year)
   Sept. 25, 1937

7. AGE Years Months Days
   12 years, 0 months, 0 days

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Hagerstown, Maryland

13. NAME
   Catherine E. South

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

15. MAIDEN NAME
   Catherine Zanetti

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

17. INFORMANT
   Catherine South
   Address: Hagerstown, Maryland

18. BURIAL, CREMATION, OR REMOVAL
   Place: Hagerstown, Date: Sept. 25, 1937

19. UNDERTAKER
   A. N. Hoffman
   Address: Hagerstown, Maryland

20. FILED

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

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

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<tr>
<td></td>
<td>Date of onset</td>
</tr>
<tr>
<td></td>
<td>1916</td>
</tr>
<tr>
<td></td>
<td>1921</td>
</tr>
<tr>
<td></td>
<td>July 5, 1927</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
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<tr>
<td></td>
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</tr>
<tr>
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<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Washington
   Village or City: Boonsboro
   Registration Dist. No. 30.5
   Length of residence in city or town where death occurred: 1 yrs. 0 mos.
   No. St. Ward

2. FULL NAME
   Mrs. Ida Stutzman
   If U.S. Veteran, specify WAR
   (a) Residence: No. Boonsboro, Md.
      (b) Place of abode: Boonsboro, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH
   Day 27
   Month 01
   Year 1857

7. AGE
   Years 80
   Months 07
   Days 19

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

9. OCCUPATION
   Housewife

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    Month 07
    Year 1931

11. TOTAL TIME SPENT IN THIS OCCUPATION
    60 yrs

12. BIRTHPLACE
    City or town: Boonsboro
    State or country: Md.

13. NAME
    Henry Emmett

14. BIRTHPLACE
    City or town: Boonsboro
    State or country: Md.

15. MAIDEN NAME
    Urilla Winders

16. BIRTHPLACE
    City or town: Fairplay
    State or country: Md.

17. INFORMANT
    Clara C. Stutzman

18. BURIAL, CREMATION, OR REMOVAL
    Address: Boonsboro
    Place: Hagerstown
    Date: Sept. 19, 1937

19. UNDERTAKER
    Address: Hagerstown
    Name: A. K. Coffman

20. FILED
    Date: Sept. 19, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Month 09
    Day 16
    Year 1937

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM
    Month 05
    Day 16
    Year 1937
    I LAST SAW HER LIVING ON
    Month 09
    Day 16
    Year 1937
    DEATH WAS SCHEDULED TO OCCUR ON THE DATE STATED ABOVE, AT
    The principal cause of death and related causes of importance were:
    Carcinoma of pancreas

Other Contributory Causes of Importance:

Date of onset:

Date of operation:

Name of operation:

What test confirmed diagnosis:

Clinical: Date of:

Was there an autopsy:

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

Accident, suicide, or homicide:

Date of injury:

Where did injury occur:

Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE:

Manner of injury:

Nature of injury:

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

If so, specify:

Sign:

Address:

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

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

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</table>

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

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

1. **PLACE OF DEATH**
   - County: Washington
   - Village or City: Hagytown
   - Registration Dist., No. 302
   - No. 708 W. Franklin St., 5
   - Ward: 3
   - Length of residence in city or town where death occurred: 22 yrs. 3 mos. 26 days
   - How long in U.S. if of foreign birth: 5 yrs.

2. **FULL NAME**
   - Tena R. Stone
   - If U.S. Veteran, specify WAR: 

3. **PERSONAL AND STATISTICAL PARTICULARS**
   - **SEX**: Female
   - **COLOR OR RACE**: White
   - **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Divorced

4. **DATE OF DEATH**
   - **DATE OF DEATH**: Sept. 28, 1937

5. **DATE OF BIRTH**
   - **MONTH**: July
   - **DAY**: 2
   - **YEAR**: 1903

6. **AGE**
   - **YEARS**: 34
   - **MONTHS**: 9
   - **DAYS**: 26

7. **OCCUPATION**
   - Home

8. **DATE DASED LAST WORKED AT THIS OCCUPATION**
   - (Month and year):

9. **CAUSE OF DEATH**
   - Tubercular Peritonitis

10. **OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**
    - Name of operation:
    - Date of onset:
    - What test confirmed diagnosis?
    - Was there an autopsy?

11. **MOTHER'S NAME**
    - Delilah Dick

12. **FATHER'S NAME**
    - Edgar R. Stone

13. **BIRTHPLACE**
    - Route 1, Hagytown
    - Hagytown, MD

14. **INFORMANT**
    - Landis F. Stone
    - Hagytown, MD

15. **BURIAL, CREMATION, OR REMOVAL**
    - Place:
    - Date: Oct. 1, 1937

16. **UNERTAKER**
    - Landi F. Minnert
    - Hagytown, MD

17. **FILED**
    - Date: 9-30-1937

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If more blanks are needed, address State Registrar, 3411 N. Charles Street, Baltimore, Requesting "U. S. No. 1.

[Signature]

Register
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Oct 6, 1937</td>
<td>3 days ago</td>
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<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

**1. PLACE OF DEATH**
- County: Washington
- Village or City: Hagerstown
- Registration Dist. No.: 302
- No. Madison Ave: 71
- St.: 2
- Ward: 2
- 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**
- Birth Name: Stillborn (Stottlemeyer)
- Residence: No. 71 Madison St., 2 Ward.

**PERSONAL AND STATISTICAL PARTICULARS**
- 3. SEX: Unknown
- 4. COLOR OR RACE: White
- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
- 6. DATE OF BIRTH (month, day, and year): Sept 21, 1877
- 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): Hagerstown
- 13. NAME: Ernest Stottlemeyer
- 14. BIRTHPLACE (city or town): Hagerstown
- 15. MAIDEN NAME: Olivia Overhagen
- 16. BIRTHPLACE (city or town): Hagerstown
- 17. INFORMANT (Address): Ernest Stottlemeyer, Hagerstown, Md.
- 18. BURIAL, CREMATION, OR REMOVAL: Hagerstown, Date: 10/21, 1937
- 19. UNDERTAKER (Address): W. M. Ramsey, Hagerstown
- 20. FILED: 9-2-27, 1927

**MEDICAL CERTIFICATE OF DEATH**
- 21. DATE OF DEATH: Sept 21, 1937 (Month), 1937 (Year)
- 22. I HEREBY CERTIFY, That I attended deceased from...
- 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?

**OTHER CONTRIBUTORY CAUSES OF IMPORTANCE**

**DATE OF ONSET**

**NAME OF OPERATION**

**DATE OF OPERATION**

**WHAT TEST CONFIRMED DIAGNOSIS?**

**WAS THERE AN AUTOPSY?**

**MANNER OF INJURY**

**NATURE OF INJURY**

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

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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 | Oct 8, 1937 |

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: Washington
Village or City: Hagerstown

2. FULL NAME
(a) Residence: No. 610 N. Mulberry St., 16 Ward.

3. SEX
Female

4. COLOR OR RACE
White

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

6. DATE OF BIRTH (month, day, and year)
Sept 29-1937

7. AGE
Years: 76 Months: 0 Days: 0

21. DATE OF DEATH
(Month) Sept 30
(Day) 1937
(Year)

22. I HEREBY CERTIFY, that I attended deceased from... Sept 29 37
I last saw deceased alive on: Sept 29 37; death is said to have occurred on the data stated above, at: 2:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows:
Sickle cell

Other Contributory Cause of importance:
Premature delivery

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

13. NAME
Earl F. Stover

15. MAIDEN NAME
Nellie M. Weller

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

17. INFORMANT
L. F. Stover (Address)
Hagerstown, Md

19. UNDERTAKER (Address)
Hagerstown, Md

20. FILED: 9-30-1937 Earl Stover

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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Other contributory causes of importance:

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

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

1. PLACE OF DEATH

- County: Washington
- Village or City: Hancock, Md.
- (If death occurred in a hospital or institution, give its NAME instead of street and number)
- Length of residence in city or town where death occurred: 50 yrs. mos. ds.

2. FULL NAME: Charles Joseph Vance

(a) Residence: Hancock, Md.

3. SEX

- Male

4. COLOR OR RACE

- White

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

- Widowed

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

- Jan. 1, 1849

7. AGE

- Years: 88
- Months: 8
- Day: 27

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

- Retired

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

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

11. Total time (years, months, and days) spent in this occupation

12. BIRTHPLACE (city or town)

- Washington County, Md.

13. NAME

- Adam Vance

14. BIRTHPLACE (city or town)

- Unknown

15. MAIDEN NAME

- Unknown

16. BIRTHPLACE (city or town)

- Virginia

17. INFORMANT

- Hager Vance

18. BURIAL, CREMATION, OR REMOVAL

- Hancock, Md.

19. UNDERTAKER

- Snyder-Royal Funeral Home

20. FILED

- July 13, 1937

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH

- September 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from

- Sept. 16, 1937 to Sept. 22, 1937

23. Why was deceased deceased?

- Cardiac failure

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

- If so, specify

- Nature of injury

- Manner of injury

- Where did injury occur?

- (Specify city or town, county, and State)

- Date of injury

- Date of death

- Cause of death

- Date of death

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>The principal cause of death and related causes of importance were as follows:</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Oct 9, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Jul 5, 1927</td>
</tr>
</tbody>
</table>

**Example II**

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Other contributory causes of importance:

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

1. PLACE OF DEATH
County: Washington
Village or City: Hagerstown
Registration Dist. No.: 302
No: YWash Co. Hospital St., 3
(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: 4 yrs. mos. ds.

2. FULL NAME: Walter Lee Ray Watson
(a) Residence: No. 115 St. Hamilton St. Hagerstown, Md.
(Place of abode)
If U. S. Veteran, specify WAR.

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

6. DATE OF BIRTH: (month, day, and year)
    Apr 5, 1891

7. AGE: Years: 65
   Months: 3
   Days: 0

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

9. OCCUPATION: Manager

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Mar. 4, 1937

11. TOTAL TIME SPENT IN THIS OCCUPATION: 40 yrs.

12. BIRTHPLACE: (city or town)
    Baltimore, Md.

13. NAME: Walter C. Watson
    (State or country): Baltimore, Md.

14. MOTHER: Sadie Biggs
    (State or country): Baltimore, Md.

15. FATHER: Mrs. M. LeRoy Watson
    (State or country): Hagerstown, Md.

16. INFORMANT: Mrs. M. LeRoy Watson
    (Address): Hagerstown, Md.

17. BURIAL, CREMATION, OR REMOVAL: Anna W. Eisenmenger
    Place: St. Johnsburg, Ont.
    Date: Sept. 10, 1931

18. UNDERTAKER: A. H. Ciflik
    (Address): Hagerstown, Md.

19. FILED: 19, 1937

20. REGISTRAR: Dr. Cappel
    (Address): Hagerstown, Md.

21. DATE OF DEATH: Sept. 8, 1937


23. I LAST SAW HIM ALIVE ON: Sept. 7, 1937; death is said to have occurred on the date stated above, at 8:30 A.M.

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

Other Contributory Causes of Importance:

25. Name of operation.

26. Date of operation.

27. What test confirmed diagnosis?

28. Was there an autopsy?

29. If death was due to external causes (VIOLENCE) fill in also the following:
Aggravated suicide, or homicide.

30. Date of injury.

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

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

33. Manner of injury.

34. Nature of injury.

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

36. If so, specify.
    (Signed): M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "milk," 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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<th>Example II</th>
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<td>Peritonitis</td>
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<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: July 5, 1927</td>
<td>Date of onset: 3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Golostones | Gastroenteritis
May 1, 1923 | 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN


STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Washington
   Village or City: Maugansville
   Registration Dist. No.: 302
   No. St. Ward:
   Length of residence in city or town where death occurred: 20 yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Anna Wilson
   If U.S. Veteran, specify WAR:
   If nonresident give city or town and State:

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

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

   If married, widowed, or divorced
   NAME: Samuel Wilson
   (or) WIFE OF

6. DATE OF BIRTH (month, day, and year)
   June 18, 1861

7. AGE
   Years: 76
   Months: 3
   Days: 9
   If less than 1 day, write hrs. or min.

   Occupation: Housekeeper

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)
    Date of onset

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
    Franklin Co., Pa.

13. NAME
    Jacob Oberholzer

14. BIRTHPLACE (city or town)

15. MAIDEN NAME
    Mary Garman

16. BIRTHPLACE (city or town)

17. INFORMANT
    Miss Susie Wilson
    (Address) Maugansville Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cedar Hill Cemetery
    Date: Sept. 23, 1897

19. UNDERTAKER
    A.E. Manuel
    (Address)

20. FILED
    9-23-1897

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

22. I HEREBY CERTIFY, That I attended deceased from
    Date: Oct. 10, 1927, to Date: Oct. 24, 1937
    I last saw him alive on Date: Oct. 10, 1927; death is said
    to have occurred on the date stated above, at am.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:

    Other Contributory Causes of importance:

    Name of operation.
    Was there an autopsy?
    Date of.
    What test confirmed diagnosis?
    Where did injury occur?
    Manner of injury.
    Nature of injury.
    Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
    Date of Injury.
    Accidental, suicide, or homicide?
    Date of Injury.

23. If death was due to external causes (VIOLANCE) fill in also the following:
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    (Specify city or town, county and State)

24. Was disease or injury in any way related to occupation of deceased?
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   (Signed)
   M.D.
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| Cerebral hemorrhage | July 5, 1927 |

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Other contributory causes of importance:

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