STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Allegany
Village or City: Cumberland
No. 610 Bedford St., 4th Ward
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 610 Bedford St.
(Usual place of abode)

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

6. DATE OF DEATH

11/16/1937

7. AGE

Years: 62
Months: 1
Days: 15

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

None

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE

None

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION

Nov. 18, 1937

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

None

12. BIRTHPLACE (CITY OR TOWN)

Cumberland

13. NAME

George Aldridge

14. BIRTHPLACE (CITY OR TOWN)

Mt. Airy, Md.

15. MAIDEN NAME

Emma Carton

16. BIRTHPLACE (CITY OR TOWN)

Cumberland

17. INFORMANT

George Aldridge

18. BURIAL, CREMATION, OR REMOVAL

Rosehill, Nov. 19, 1937

19. UNDERTAKER

George Aldridge

20. FILED

Dec. 19, 1937

21. DATE OF DEATH

11/16/1937

22. I HEREBY CERTIFY

That I attended deceased from

11/16/1937 to 11/16/1937

I last saw him alive on 11/16/1937; death is stated to have occurred on the date stated above, at 10:45 A.M.

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

Pneumonia

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

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

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

Manner of injury

Nature of injury

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

If so, specify

(Signed)

25. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1921</td>
</tr>
<tr>
<td>Receive's</td>
<td>July 5, 1929</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: Allegany
Village or City: Cumberland

2. FULL NAME: Demarie Elizabeth Alger
(a) Residence: No. 11 Potomac St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

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

21. DATE OF DEATH: Nov. 18, 1937

6. DATE OF BIRTH (month, day, and year): June 7, 1929

7. AGE: 8

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

9. OCCUPATION: School Girl

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

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

12. BIRTHPLACE (CITY OR TOWN): Cumberland

13. NAME: Lee Alger

14. BIRTHPLACE (CITY OR TOWN): West Virginia

15. MAIDEN NAME: Birtrude Backlin

16. BIRTHPLACE (CITY OR TOWN): West Virginia

17. INFORMANT: Mr. Lee Alger

18. BURIAL, CREMATION, OR REMOVAL: Augusta West, Va., Nov. 21, 1937

19. UNDERTAKER: Louis Stein, Inc.

20. FILED: Oct. 20, 1937

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
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<th>Example II</th>
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<tr>
<td>Arteriosclerosis</td>
<td>DEC 6 1937</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1931</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</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: Allegany
   Village or City: Cumberland
   No. 218, Cumberland St., 1st Ward

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

2. FULL NAME
   Mary Jane Fish
   (a) Residence: No. 218, Cumberland St., 1st Ward
   (Normal place of abode)

   If U.S. Veteran, specify WAR

   HUSBAND of William H. Fish

   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)
   Widow
6. DATE OF DEATH (month, day, and year)
   Nov 23, 1937
7. AGE
   Years: 51
   Months: 11
   Days: 24
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, ETC.
   Home duty
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.
   Home duty
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
12. BIRTHPLACE (CITY OR TOWN)
   Cumberland, W. Va.
13. NAME
   Wm. F. Webster
14. BIRTHPLACE (CITY OR TOWN)
   Cumberland, W. Va.
15. MAIDEN NAME
   Elizabeth Ware
16. BIRTHPLACE (CITY OR TOWN)
   Cumberland, W. Va.
17. INFORMANT
   Geo. Webster
   Address: 521 Furnace St., Cumberland
18. BURIAL, CREMATION, OR REMOVAL
   Place: The Hill Club. Date: Nov 25, 1937
19. UNDERTAKER
   E. S. Butler
   Address: Cumberland, 2nd
20. FILED
   Nov. 24, 1937

REGISTRAR

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

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

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

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

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

### Example II

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

<table>
<thead>
<tr>
<th>Other contributory causes of importance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

---
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Ran for Dist. No. 4
   Ward: 1-4
   Registration Dist. No. 4
   St. 1-4
   Ward.

2. FULL NAME
   John Joseph Benda
   If U.S. Veteran, specify WAR
   Residence: No. 10.10, 3rd Kindley Ave.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, year)
   April 6, 1891

7. AGE
   Years: 46
   Months: 10
   Days: 18

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

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

10. Date deceased last worked at this occupation (month and year)
    11/24/37

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

12. BIRTHPLACE (city or town)
    Cumberland, Ind.

13. NAME
    Jacob Benda

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

15. MAIDEN NAME
    Mildred Rhinehart

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

17. INFORMANT
    Andrew J. Benda
    Cumberland

18. BURIAL, CREMATION, OR REMOVAL
    Place:
    Date: 11/27/37

19. Undertaker
    Louis A. Pavey
    (Address)

20. FILED
    Md. 24, 1937
    J.P. Franklin M.D.
    Registrar.

21. DATE OF DEATH
    November 24, 1937

22. CERTIFICATE
    I HEREBY CERTIFY that I attended deceased from
    November 24, 1937, to November 24, 1937.
    I last saw him alive on November 19, 1937; death is said
    to have occurred on the date stated above, at 1 P.M.
    The principal cause of death and related causes of importance
    were as follows:
    Coronary thrombosis
    Date of onset

Other Contributory Causes of Importance:

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

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

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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<th>Example II</th>
<th>Date of onset</th>
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<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>DEC 6 1937</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>JULY 1927</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>JULY 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>MAY 1923</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: ALLEGANY
   Village or City: CUMBERLAND, MD.
   Registration Dist. No.: 4
   (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. 26 mos. 6
   How long in U.S. If of foreign birth? yrs. 0 mos. 0

2. FULL NAME: WILLIAM J. BOYD
   Residence: RT. #1, HANCOCK, MD.
   If U. S. Veteran, specify WAR
   (a) Residence: No. St., Ward.
   (Usual place of abode)
   (If nonresident give city or town and State)

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   (write the word)
   If married, widowed, or divorced
   HUSBAND of (or) WIFE of
   MARY WILSON

5a. If married, widowed, or divorced

6. DATE OF BIRTH (month, day, and year)
   APR. 1 1883

7. AGE
   Years: 74
   Months: 7
   Days: 15
   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 year)

11. Total time (years) spent in this
    occupation

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

13. NAME: JOHN BOYD

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

15. MAIDEN NAME: SYBIL
    Unknown

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

17. INFORMANT
    MEMORIAL HOSPITAL
    CUMBERLAND, MD

18. BURIAL, CREMATION, OR REMOVAL
    Place: Baltimore, MD
    Date: Nov 16, 1937

19. UNDERTAKER
    (Address)
    John Wulford, M.D.

20. FILED: Nov. 16, 1937
    Registrar.
    DR. WILLIAMS

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

22. I HEREBY CERTIFY, That I attended deceased from
    10-12, 1937 to 11-16, 1937
    I last saw him alive on 11-16, 1937; death is said
    to have occurred at the date stated above, at 4:35 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:

    Other Contributory Causes of importance:

    Diabetes Mellitus

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

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

24. Was disease or injury in any way related to occupation of deceased?
    NO.
    If so, specify
    (Signed)
    DR. WILLIAMS
    (Address) M.D.
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<td>Date of onset 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset 1921</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset 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>Date of onset May 1, 1923</td>
</tr>
<tr>
<td>Attack of epilepsy</td>
<td>Date of onset 1 week ago</td>
</tr>
<tr>
<td>Run over by street car</td>
<td>Date of onset 3 days ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>Date of onset Nov 22, 1937</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>Date of onset 1 year</td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Allegany
Village or City: Cumberland
No. 623 Sinking Ave. St. 4
Ward: 623 Sinking Ave. St. 4
Length of residence in city or town where death occurred: 27 yrs. mos. days
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Walter Wayne Brady
   (a) Residence: No. 623 Sinking Ave. St. 4, Ward.

   PERSONAL AND STATISTICAL PARTICULARS

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

   a. If married, widowed, or divorced
   HUSBAND or WIFE of: Margaret Eshelman

6. DATE OF BIRTH (month, day, and year): Mar. 6, 1878

7. AGE: 59 years, 7 months, 29 days

   If less than 1 day, hours, or minutes:

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Yard Conductor
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: Railroad

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): Nov. 6, 1935
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 37

   STATE OR COUNTRY:

13. NAME: Samuel Brady
14. FATHER: Unknown

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN): "
   STATE OR COUNTRY: "

17. INFORMANT (ADDRESS): Walter Brady
    119 Pa Ave Smith Mill
18. BURIAL, CREMATION, OR REMOVAL: Hillcrest, Date: Nov. 8, 1937

19. UNDERTAKER: J. B. Elderbrand
20. FILED: Nov. 8, 1937

21. DATE OF DEATH: Nov. 6, 1937
   (Month) 6 (Day) 5th (Year) 1937

22. I HEREBY CERTIFY: That I attended deceased from Nov. 6, 1937, to Nov. 6, 1937.

   1. Test saw deceased alive on Nov. 4, 1937; deceased died on Nov. 6, 1937.

   2. Death occurred on the date stated above, at 2 a.m.

   THE PRINCIPAL CAUSE OF DEATH AND RELATIVE CAUSES OF IMPORTANCE:

   Chronic, Valvular Heart Disease, Heart Disease

   OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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

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

   ACCIDENT, SUICIDE, OR HOMICIDE: 
   Date of Injury: Nov. 6, 1937

   WHERE DID INJURY OCCUR?
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

   MANNER OF INJURY: 
   NATURE OF INJURY:

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

   (Signed) 
   M. D.
   ADDRESS: 128 PA. AVE.

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.

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

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

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

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

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

Example I

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

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<thead>
<tr>
<th>Arteriosclerosis</th>
<th>Date of onset</th>
<th>Attack of epilepsy</th>
<th>Date of onset</th>
</tr>
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<tbody>
<tr>
<td>1915</td>
<td></td>
<td>November 29, 1923</td>
<td></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>November 29, 1923 13 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Gallstones</th>
<th>Date of onset</th>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1921</td>
<td></td>
<td>Gastroenteritis</td>
</tr>
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<tr>
<td>1921</td>
<td></td>
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</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

DATES OF ATTENDANCE AND DEATH changed by letter of authorization filed 12/2/37 under DR. M. E. B. OWENS.
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No. 4
   No. 2. J. Sylvan Ave., 32
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Wm. Brophy
   (a) Residence No. 2. J. Sylvan Ave., Ward.

   PERSONAL AND STATISTICAL PARTICULARS

   3. SEX
   M
   4. COLOR OR RACE
   W
   5a. If married, widowed, or divorced
   HUSBAND of
   Ellen Brophy
   5b. If U. S. Veteran, specify WAR

   6. DATE OF BIRTH (month, day, and year)
   June 15, 1854

   7. AGE
   Years: 83
   Months: 4
   Days: 16
   If less than 1 year, hours: min.

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

   13. NAME
   Cornelius Brophy

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

   15. MAIDEN NAME
   Eliza Brewer

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

   17. INFORMANT (Address)
   Wm. Brophy

   18. BURIAL, CREMATION, OR REMOVAL
   Cumberland, 1st, 1937

   19. UNDERTAKER (Address)
   J. B. Fisk, 1st, 1937

   20. FILED, 1. 3. 1937

   21. DATE OF DEATH
   Nov. 1. 1937

   22. I HEREBY CERTIFY, That I attended deceased from
   Sept. 1937, to Nov. 1937

   I last saw him alive on Nov. 1937

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

   Accident, suicide, or homicide?
   Date of injury
   Where did injury occur?

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

   Manner of injury
   Nature of injury

   Other Contributory Causes of importance:
   Hypertension

   Name of operation
   Given
   Date of
   Operation

   Was there an autopsy?

   If so, specify

   (Address)

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

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

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

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

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

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

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

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

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

1. PLACE OF DEATH

County Allegany
Village or City Boonsboro Addition
Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Boonsboro Addition
(b) Last place of abode: Cumberland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

6. DATE OF BIRTH Aug 10, 1893

7. AGE 44 Years 3 Months 5 Days

8. OCCUPATION Laborer

21. DATE OF DEATH

Nov 13, 1937

22. I HEREBY CERTIFY That I attended deceased from Nov 13, 1937 to Nov 15, 1937

23. Name of operation

24. What test confirmed diagnosis?

25. Was there an autopsy?

26. Date of Injury

27. Where did injury occur?

28. (Specify city or town, county and State)

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

30. Manner of injury

31. Nature of injury

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

33. If so, specify

34. (Signed)

35. Address

36. (Address)

37. Date

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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County
   Village or City

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

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

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

   7. AGE

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

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

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

   11. Total time (years) spent in this occupation

   12. BIRTHPLACE (city or town)

   13. NAME

   14. BIRTHPLACE (city or town)

   15. MAIDEN NAME

   16. BIRTHPLACE (city or town)

   17. INFORMANT

   18. BURIAL, CREMATION, OR REMOVAL

   19. UNDERTAKER

   20. FILED

   21. DATE OF DEATH

   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:

   Name of operation
   Date of
   What test confirmed diagnosis?

   Was there an autopsy?

   Accident, suicide, or homicide?

   Date of Injury

   Where did injury occur?

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

   Manner of Injury

   Nature of injury

   [Additional text on the right side of the form]

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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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: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 4
   No. Allegany PO St. 47 1
   Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred yrs. mos. ds.
   How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: Carrie May Clark
   If U. S. Veteran, specify WAR
   (a) Residence: No. 90 Yale St., Ward.

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
   Married
5a. If married, widowed, or divorced
   HUSBAND's or WIFE of
   Charles Clark.
6. DATE OF BIRTH (month, day, and year): May 20, 1892
7. AGE: 55
   Years 5
   Months 28
   Days
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   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 end year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town): Cumberland, Md.
   (State or country)
13. NAME: Howard Hartsock
   Mother's Name: Elizabeth Weber
14. BIRTHPLACE (city or town): (State or country)
15. MAIDEN NAME: Elizabeth Weber
16. BIRTHPLACE (city or town): (State or country)
17. INFORMANT (Address): Mr. Charles Clark
   Cumberland, Md.
18. BURIAL, CREMATION, OR REMOVAL
   Place: Trinity Lutheran
   Date: Nov. 20, 1937
19. UNDERTAKER (Address): Louis Stein, Inc.
   Cumberland, Md.
20. FILED: Dec. 23, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Sept. 18, 1937
   (Month) 9
   (Day) 18
   (Year) 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1937, to Nov. 17, 1937; death is said to have occurred on the date stated above, at 9:45 A.M.

   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Tuberculosis
   Date of onset: Dec. 1, 1937

   Other Contributory Causes of importance:

   Name of operation: Date of:

   What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide? Accident
   Date of Injury: Sept. 10, 1937
   Where did injury occur? La Vale
   (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
   Home
   Manner of Injury: Striking with fist and clothes
   Nature of injury: Caught on fire burning wood

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

   (Signed) W. Alfred V. B., M.D. Registrar.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>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>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1925</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Westminster
   Length of Residence in City or Town Where Death Occurred: 80 yrs. mos. ds.

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

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widower

6. DATE OF BIRTH (month, day, and year)
   April 27, 1852

7. AGE
   Years: 80
   Months: 6
   Days: 8
   Date of Birth: Oct. 27, 1852

8. OCCUPATION
   Farmer

9. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
   Oct. 27, 1852

11. Total time (years) spent in this occupation: 53

13. NAME
   Lewis Clark

15. MAIDEN NAME
   Betty Poland

18. BURIAL, CREATION, OR REMOVAL
   Place: Moscot, Md.
   Date: Nov. 7, 1937

19. UNDERTAKER
   (Address)

20. FILED
   (Address)
   Nov. 7, 1937
   Registrar

21. DATE OF DEATH
   Nov. 5, 1937

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM OCT. 27, 1937, TO NOV. 5, 1937.
   I last saw him on Nov. 5, 1937, death is said to have occurred on the date stated above.
   The Principal Cause of Death and related causes of importance were as follows:
   Chronic Nephritis with Edema
   Chronic Nephritis with Hypertension
   Other Contributory Causes of Importance:
   Uremia

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

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

To be complete, an occupation return must state:
8. The trade, profession, or particular kind of work done.
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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<tr>
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</tr>
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<tbody>
<tr>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: DEC 3 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>3 days ago</td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td></td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

Gallstones May 1, 1923 1 year

Gastroenteritis
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 437
   Ward:
   If death occurred in a hospital or institution, give in NAME instead of street and number:
   Length of residence in city or town where death occurred: 21 yrs. 21 mos. 21 ds.
   How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME: Ruth Naomi Clites
   Residence: 437 Woodley Avenue
   (Usual place of abode)
   If U.S. Veteran, specify WAR:
   Ward:
   If nonresident give city or town and State:

3. SEX: W
   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.

4. COLOR OR RACE
   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
      (Write the word)
   10. Date deceased last worked at this occupation (month and year)
   11. Total time (years) spent in this occupation

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

6. DATE OF BIRTH (month, day, and year)
   204/1936
   If LESS than 1 day, hours, or minutes

7. AGE
   Years: 70
   Months: 4
   Days: 21

8. TRADE, occupation, 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)
    Cumberland
    (State or country)

13. NAME: Ruth Naomi Clites
    (State or country)

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

15. MAIDEN NAME: Zetta May Bloland
    (State or country)

17. INFORMANT (Address)
    R. H. Clites

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

19. UNDERTAKER (Address)
    Jacob Saffa

20. FILED: Nov. 26, 1937
    Registrar:

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

22. I HEREBY CERTIFY that I attended deceased from Nov. 29, 1937, to Nov. 25, 1937; death is said to have occurred on the date stated above, at
    (Specify age, sex, and race)
    WOOPING COUGH
    Date of onset: Nov. 16

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: 1937
   Where did Injury occur? (Specify city or town, county and State)
   Specify whether Injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
   Manner of injury
   Nature of injury

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

   (Signed) R. H. Clites
   (Address) Cumberland

If more blanks are needed, address State Registrars, 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.
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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>DEC 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>Gallstones</th>
<th>May 1, 1923</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>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>Gastroenteritis</th>
<th>1 year</th>
</tr>
</thead>
</table>

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

1. PLACE OF DEATH
County: Allegany
Village or City: Middletown, MD

2. FULL NAME
Harry Coleman

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)
Nov. 3, 1878

7. AGE
39

8. Occupation
Miner

9. Date deceased last worked in this occupation (month and year)
Dec. 1937

10. Total time (years) spent in this occupation
23

11. OTHER CAUSE OF DEATH
Coronary

12. BIRTHPLACE (city or town)
Maryland

13. NAME
Otis Coleman

14. BIRTHPLACE (city or town)
Maryland

15. MAIDEN NAME
Catharine W. Wade

16. BIRTHPLACE (city or town)
Maryland

17. INFORMANT
Mrs. Harry Coleman

18. BURIAL, CREMATION, OR REMOVAL
Allegany County, Date: Nov. 13, 1937

19. UNDERTAKER
H. S. Dickerson

20. FILED
11-11, 1937

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

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

To be complete, an occupation return must state:

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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>DEC 3 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>July 3, 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>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: ALLEGANY
- Village or City: CUMBERLAND, MD.
- Registration Dist. No.: 4
- Hospital: MEMORIAL HOSPITAL
- St.: 6
- Ward: 6

**2. FULL NAME**
- MR. WEBSTER COOPER
- Residence: RT. #1 DEER PARK, 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>MARRIED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5a. If married, widowed, or divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUSBAND of (or) WIFE of</td>
</tr>
<tr>
<td>LEMMIE RODRICK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DATE OF BIRTH</th>
<th>7. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Month, day, and year)</td>
<td>Years</td>
</tr>
<tr>
<td>APRIL 19, 1895</td>
<td>42</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>10. Data deceased last worked at this occupation (month and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEPTEMBER 1937</td>
</tr>
</tbody>
</table>

**21. DATE OF DEATH**
- NOVEMBER |
- 13 |
- 1937

**22. I HEREBY CERTIFY.** That I attended deceased from 10-1-1937 to 11-15-1937, and death is said to have occurred on the date stated above, at 11:10 P.M.

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

**Other Contributory Causes of Importance:**

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

**Other Contributory Causes of Importance:**

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

<table>
<thead>
<tr>
<th>What last confirmed diagnosis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLOOD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHERE did injury occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Specify city or town, county and State)</td>
</tr>
<tr>
<td>ACTUAL MANNER of injury</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of death in any way related to occupation of deceased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
</tr>
</tbody>
</table>

**17. INFORMANT**
- MEMORIAL HOSPITAL
- CUMBERLAND, MD.

<table>
<thead>
<tr>
<th>18. BURIAL, CREMATION, OR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place</td>
</tr>
<tr>
<td>Date: Oct. 15, 1937</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. UNDERTAKER</th>
<th>(Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nevin &amp; Leighton</td>
<td>Oakland, MD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. FILED</th>
<th>(Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec. 15, 1937</td>
<td>P. Fraley, M.D.</td>
</tr>
</tbody>
</table>

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<th>Date of Onset</th>
<th>Example II</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</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: Allegany
- Village or City: CUMBERLAND
- Registration Dist. No.: 4
- No. of Dr. Lee St., 1111 Ward

**2. FULL NAME**
- Thomas J. Crowley
- If U.S. Veteran, specify WAR

#### PERSONAL AND STATISTICAL PARTICULARS

**3. SEX**
- Male

**4. COLOR OR RACE**
- White

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

**6. DATE OF BIRTH**
- July 15, 1887

**7. AGE**
- 4 years 11 months

**8. OCCUPATION**
- Hotel Clerk

**10. DATE DECEASED WORKED AT THIS OCCUPATION**
- 11/25/37

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

**12. BIRTHPLACE**
- (city or town)
- (State or country)
- 2nd.

**13. NAME**
- Timothy Crowley

**14. BIRTHPLACE**
- (city or town)
- (State or country)
- 2nd.

**15. MAIDEN NAME**
- Mary J. O'Boyle

**19. UNDERTAKER**
- (Address)
- (Name)

**20. FILED**
- Nov. 27, 1937

**21. DATE OF DEATH**
- November 26, 1937

**22. I HEREBY CERTIFY, That I attended deceased from**
- March 27, 1937
- to April 27, 1937

**23. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE**
- Pneumonia

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

---

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

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

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, asthemia, 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:

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<tr>
<th>Example I</th>
<th>Example II</th>
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<tbody>
<tr>
<td><strong>The principal cause of death and related causes of importance were as follows:</strong></td>
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<td>Arteriosclerosis <strong>1915</strong></td>
<td>Attack of epilepsy <strong>1 week ago</strong></td>
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<tr>
<td>Chronic interstitial nephritis <strong>1921</strong></td>
<td>Run over by street car <strong>1 week ago</strong></td>
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<tr>
<td>Cerebral hemorrhage <strong>July 5, 1927</strong></td>
<td>Peritonitis <strong>3 days ago</strong></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones <strong>May 1, 1923</strong></td>
<td>Gastroenteritis <strong>1 year</strong></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 4
   No. 31, E. 12th S., W.<br>
   Length of residence in city or town where death occurred: 24 yrs. mos. ds.
   How long in U.S. or if of foreign birth?: yrs. mos. ds.

2. FULL NAME: Alfred Thomas Contehley
   If U. S. Veteran, specify WAR:
   Residence: No. 37, E. 12th St., Cumberland, 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
   If married, widow, or divorced: Wife of Effie K.

6. DATE OF BIRTH (month, day, and year): Jan. 11, 1890
7. AGE: 47 years 9 months 20 days
   If LESS than 1 year: hrs. or . minutes

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Cable Repairer
   Occupation:
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: C & P Telephone Co.
10. Date deceased last worked at this occupation (month and year): 11/3/37
11. Total time (years) spent in this occupation: 26 yrs.

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

13. NAME: Wesley Contehley
14. BIRTHPLACE (city or town): Hartford, Ill.
   State or country:

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

17. INFORMANT: Effie Contehley
   Address:

18. BURIAL, CREMATION, OR REMOVAL: Dec. 6, 1937
   Address:

19. UNDERTAKER: James Stein, Inc.
   Address:

20. FILED: 11/5/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Mar. 3rd, 1937

22. I HEREBY CERTIFY, That the deceased from 19... to 19... death is said to have occurred on 19...; death is said to have occurred on the date stated above, et. 1130 m.
   The principal cause of death was as follows:
   Pulmonary Tuberculosis
   Date of onset: 10/3/37

23. Other Contributory Causes of importance: 
   Name of operation:
   Date of:
   What test confirmed diagnosis? Was there an autopsy?
   Accident, suicide, or homicide? Date of injury: 19...
   Where did injury occur?
   Specify whether injury occurred in industry, in home, or in public place.
   Nature of injury:

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

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

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<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
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</tbody>
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Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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<tr>
<td>Ran over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH

County Allegany
Village or City Cumberland
No. 25 W. Third St.
St. E. Ward

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

2. FULL NAME William Davies.
   (a) Residence No. 125 W. Third St.
       (Usual place of abode)

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

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

6. DATE OF BIRTH (month, day, and year) Apr. 24, 1854.

7. AGE 83 yrs. 6 mos. 9 ds.

8. TRADE, PROFESSION, OR PROFESSIONS, or other occupation Tin Mill Roller

9. INDUSTRY, OR BUSINESS IN WHICH WORK WAS DONE, OR OTHER OCCUPATION during last year of life, if any, 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) Swansea S. Wales
   (State or country)

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

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

17. INFORMANT
William Davies Jr.
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cem. Date Nov. 5, 1937.

19. UNDERTAKER John C. Wolford Cumberland Md.

20. FILED Nov. 19, 1937

REGISTRATION DIST. No. 4
ST. E. WARD

21. DATE OF DEATH Nov. 2, 1937
   (Month) (Day) (Year)


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

REGISTRAR

If more blanks are needed, address State Registrar, 2417 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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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.

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<td>Attack of epilepsy</td>
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<tr>
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<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
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<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Allegany
No.: Registration Dist. No. 6
Village or City: Waterfront, Md.
Ward: 7
Within Corporate Limits of: Length of residence in city or town where death occurred: 6 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 213 Time St., St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Widowed

5a. If married, widowed, or divorced

HUSBAND OF OR (WIFE OF)

Wife of Emma Dayton

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

Aug. 28, 1852

7. AGE

85 yrs. 3 mos. 0 days

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

Retired Mill Worker

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

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

1931

11. Total time (years) spent in this occupation

20

12. BIRTHPLACE (city or town)

Dundie, Allegany Co., Md.

(State or country)

13. NAME

George W. Dayton

14. BIRTHPLACE (city or town)

Dundie, Allegany Co., Md.

(State or country)

15. MAIDEN NAME

Philadelphia J. Thompson

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Harry S. Dayton

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Brooksburg, Pa.

Date: Nov. 30, 1937

19. UNDERTAKER

A. B. Brown

(Address)

20. FILED

Nov. 30, 1937

21. DATE OF DEATH

Nov. 28, 1937

(Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from Nov. 1, 1937, to Nov. 28, 1937, and last saw him alive on Nov. 2, 1937. I certify that I have been in attendance at death, at 6:30 A.M.

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

Arteriosclerosis

CHRONIC PYURERYSIS

1937

Other Contributory Causes of Importance:

PULMONARY EDEMA

11-25-37

11-28-37

Neme of operation: None

What test confirmed diagnosis? Physical Signs

Was there an autopsy? No

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

DATE OF INJURY

MANNER OF INJURY

DATE OF INJURY

NATURE OF INJURY

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

If so, specify

(Signed) M.D.

25. If nonresident give city or town and State

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 | Dec 3, 1937 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: ALLEGANY
   Village or City: CUMBERLAND, MD.
   No. MEMORIAL HOSPITAL, St. 6, 6. Ward
   Length of residence in city or town where death occurred: yrs. __ mos. __ ds.

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

PERSONAL AND STATISTICAL PARTICULARS

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

   MALE
   WHITE
   MARRIED

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

6. DATE OF BIRTH (month, day, and year)
   OCT 2 1874

7. AGE
   Years: 63
   Months: __
   Days: 5

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

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   M. & E. B. Co.

10. Data deceased last worked at this occupation (month end year) 1935

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

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

13. NAME
   ISAAC DAYTON
   WEST VIRGINIA

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

15. MAIDEN NAME
   REBECCA FETTERS
   WEST VIRGINIA

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

17. INFORMANT
   MEMORIAL HOSPITAL
   CUMBERLAND, MD.

18. BURIAL, CREMATION, OR REMOVAL
   Place: Dayton, Ind. Date: Nov. 9, 1937

19. UNDERTAKER
   (Address)

20. FILED
   Nov. 9, 1937

21. DATE OF DEATH
   NOV. 7, 1937

22. I HEREBY CERTIFY
   That deceased deceased from
   10:35 A.M. to 11:17 A.M.
   I last saw h. alive on
   11/11/137; death is said
to have occurred on the date stated above, et

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

23. Date of onset

24. Other contributory causes of importance:

N. B.—WRITE PRINTED, WRITING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated exactly. PHYSICIANS should state the cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<tr>
<td>Gallstones May 1, 1923</td>
<td>Gastroenteritis 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: Allegany
- Village or City: Cumberland
- Registration Dist. No.: 4
- Memorial Hospital, 66 St., 16 Ward
  (If death occurred in a hospital or institution, give its NAME instead of street and number)
- Length of residence in city or town where death occurred: yrs. mos. ds.
- How long in U.S. If of foreign birth: yrs. mos. ds.

## 2. FULL NAME
- Vincenzo DeR. Longo
- If U. S. Veteran, specify WAR: unknown
- Residence: Allegany 756 St., Cumberland
- Ward: 6
- If nonresident give city or town and State: unknown

## 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): June 20, 1875

### 7. AGE
- 62 yrs. 4 mos. 02 days

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

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

### 10. Date deceased last worked at this occupation (month end year): unskilled laborer

### 11. Total time (years) spent in this occupation: 1 year

### 12. BIRTHPLACE (city or town): Italy
- (State or country)

### 13. NAME
- una

### 14. BIRTHPLACE (city or town): unskilled laborer
- (State or country)

### 15. MAIDEN NAME
- una

### 16. BIRTHPLACE (city or town): unskilled laborer
- (State or country)

### 17. INFORMANT
- Memorial Hospital, Cumberland
- (Address)

### 18. BURIAL, CREMATION, OR REMOVAL
- Place: St. Peter's Church
- Date: Oct. 13, 1937

### 19. UNDERTAKER
- Pollock & Shinn
- (Address)

### 20. FILED
- Mar. 5, 1937
- City: Cumberland
- Registrar:

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### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH
- (Month) 11
- (Day) 17
- (Year) 1937

#### 22. I HEREBY CERTIFY, that I attended deceased from

#### 23. I HEREBY CERTIFY, that I attended deceased from
- (Month) 11
- (Day) 15
- (Year) 1937

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

- Date of onset: unknown

#### Other Contributory Causes of Importance:

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

#### 24. 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?: Cumberland
- Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:
- Date of Injury: 1937
- Manner of Injury: accident
- Nature of Injury: accident

#### If so, specify:

- (Signed):
- (Address):

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

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

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

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

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

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

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

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

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

1. PLACE OF DEATH
   County Allegany
   Village or City Cumberland
   Length of residence in city or town where death occurred 10 yrs. mos. ds.

2. FULL NAME Nora A. De Vore
   Residence: No. 324 A. Franklin St.
   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: Widowed
   If married, widowed, or divorced
   HUSBAND OR WIFE OF: A. De Vore
6. DATE OF BIRTH (month, day, and year): March 11, 1887
7. AGE: 60 yrs. 8 mos. 14 days
8. Trade, profession, or particular kind of work done: Housewife
9. Industry or business in which work was done: None
10. Date deceased last worked at this occupation: None
11. Total time (years, months, days) spent in this occupation: None

OCCUPATION

12. BIRTHPLACE (city or town): Pottsville
   (State or country): Pennsylvania
13. NAME: Nora A. De Vore
14. BIRTHPLACE (city or town): Pottsville
   (State or country): Pennsylvania
15. MAIDEN NAME: Rachel Utz
16. BIRTHPLACE (city or town): None
   (State or country): None
17. INFORMANT: Harry De Vore
   (Address): Cumberland
18. BURIAL, CREATION OR REMOVAL
   Place of Burial: None
   Date: None
19. UNDERTAKER: None
   (Address): None
20. FILED: Nov. 27, 1937

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (Month): Nov.
   (Day): 25
   (Year): 1937
22. I HEREBY CERTIFY that I attended deceased from Nov. 25, 1937.
    I last saw her alive on Nov. 24, 1937; death is said to have occurred on the date stated above, et al.
    The principal cause of death was as follows:
    Circumstances of death:
    Date of onset: 9-1-1937
    Other Contributory Causes of Importance:
    Name of operation: None
    Date of:
    What last confirmed diagnosis?: None
    Was there an autopsy?: None

23. If death was due to external causes (VIOLENCE) fill in also the following:
    Accident, suicide, or homicide?: None
    Date of Injury: None
    Where did injury occur?: None
    Specify whether injury occurred in INDUSTRY, in HOME, in PUBLIC PLACE:
    Nature of Injury:
    Men's of Injury:

24. Was disease or injury in any way related to occupation of deceased?: No
    If so, specify:
    (Signed): M. D.
    (Address): none

If more blanks are needed, address State Registrar, 2012 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:
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>
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<tbody>
<tr>
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<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland, Md.
   No. Memorial Hospital St, 62 Ward
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME: DRIVER, BETTY C.
   Residence: No. 502 Memorial Ave., City St., Ward.
   If U.S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
6. DATE OF BIRTH (month, day, and year): Aug. 16, 1861.
7. AGE: 76 yrs.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: Housework
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: None
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: Aug. 16, 1861

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: November 12, 1937
22. I HEREBY CERTIFY that I attended deceased from 11-9-37 to 11-12-37. I last saw him alive on 11-12-37. Death is said to have occurred on the date stated above at 12:50 P.M.

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

Other Contributory Causes of Importance:

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

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

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

Dr. Williams
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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Distinguish carefully the different kinds of farmers 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>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>DEC 8, 1937</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Emmitsburg
   Length of residence in city or town: 25 yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 90, Frederick Manor
   (Place of abode):
   If U. S. Veteran, specify WAR:

   (b) Sex: Male
   (c) Color or Race: White
   (Marital status: Married)
   HUSBAND of (or) WIFE of:

   If nonresident give city or town and State:

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

   6. DATE OF BIRTH (month, day, and year): Feb. 2, 1856
   7. AGE Years: 90
      Months: 9
      Days: 28

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

   9. Industry or business in which work was done: Cotton Mill, Saw Mill, Bank, etc.

   10. Date deceased last worked at this occupation: Nov. 28, 1937

   11. Total time (years) spent in this occupation: 14.7 years

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

   13. NAME: James Dyke

      (State or country): Pennsylvania

   15. MAIDEN NAME: Minter

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

   17. INFORMANT (Address): Mr. Leonard Dyke

   18. BURIAL, CREMATION, OR REMOVAL
      Place: Dyke Cemetery
      Date: Dec. 3, 1937

   19. UNDERTAKER (Address): J. E. Ochtman

   20. FILED: Dec. 8, 1937

   21. DATE OF DEATH
   (Month) Jan
   (Day) 30
   (Year) 1937

   22. HE HEREBY CERTIFIES: That I attended deceased from
   (Month) Jan 25
   (Day) 1937, to (Month) Mar 30
   (Day) 1937; death is said to have occurred on the date stated above, at 10 A.M.

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

   Cause of death: Intestinal Perforation
   Date onset: 1/2/1937

   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

   (Address): 3125 E. 1st Ave.

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

- Gallstones
  - Date of onset: May 1, 1923

### Example II

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Frostburg
   Registration Dist. No.: 9
   No. Mines Hospital St. Ward:
   Length of residence in city or town where death occurred yds. mos. ds.
   If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME
   (a) Residence: No. 67 Mt. Pleasant St. Ward.
   If U.S. Veteran, specify WAR ____________________________
   (Unusual place of abode)

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) May 26, 1922

7. AGE
   Years: 15
   Months: 5
   Days: 10
   If less than 1 day, ______ hours, ______ minutes.

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

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)
   Frostburg, Md.
   (State or country)

13. NAME
   Charles Eberly

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

15. MAIDEN NAME
   Laura Lancaster

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

17. INFORMANT
   (Address)
   Charles Eberly and Frostburg

18. BURIAL, CREMATION, OR REMOVAL
   Place: Frostburg
   Date: 11-17-1932

19. UNDERTAKER
   (Address)

20. FILED
   No. 5, 1932
   M. D. R. A. T. K.

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, that I attended deceased from
   Mar. 6, 1922, to Nov. 6, 1931
   Last saw him alive on Nov. 6, 1931; death is said
   to have occurred on the date stated above, at 4:11 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance
   were, as follows:
   Wound of abdomen—accident. Date of onset Nov. 6, 1931
   Date of death Nov. 6, 1931
   Other Contributory Causes of Importance:
   None

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, suicide, or homicide
   Place of injury: Frostburg
   Date of injury: 11-6, 1931
   Where did injury occur?
   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury: Rifle in hands of foreign accent
   Nature of injury: Wound in abdomen

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

   If so, specify
   (Address)
   (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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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>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>DEC 3 1937</td>
<td></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

1 year
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Allegany
Village or City: Cumberland
No. Allegany, Hospital St., 4th Ward
Registration Dist. No. 4
Length of residence in city or town where death occurred: 8 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. 513 Patterson Ave., St., Ward.
If U.S. Veteran, specify WAR.
(Usual place of abode)

PERSONAL AND STATUTORY PARTICULARS
3. SEX  Male
4. COLOR OR RACE  White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED  Married
If married, widowed, or divorced (a) by whom
(b) if married, give NAME of husband or wife

6. DATE OF BIRTH (Month, day, and year)  Oct 14, 1883
7. AGE  Years 54 Months 1 Days 13
If less than 1 day, enter the number of hrs. or minutes.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE  Electrician
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) Nov 1937
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town)  Cumberland, Ind.
   (State or country)

13. NAME  Edward D. Evans
14. BIRTHPLACE (city or town) oily (State or country) Wavel
15. MAIDEN NAME  Annie Williams

MOTHER/FATHER
16. BIRTHPLACE (city or town) (State or country) Wavel
17. INFORMANT (Address) Clarence D. Hart
18. BURIAL, CREMATION, OR REMOVAL Place Allegany, Date 7 Nov 30, 1937

19. UNDERTAKER (Address)

20. FILED No. 340, 1937 J. Frankhush M.D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH  November 27, 1937
   (Month) (Day) (Year)

22. I HEREBY CERTIFY, that I attended deceased from October 1937 to November 27, 1937.
   I last saw him living on December 27, 1937; death is said to have occurred on the date stated above, at 12:45 a.m.

   The prime cause of death and related causes of importance were as follows:
   Carcinoma of Stomach 1 yrs.

   Other Contributory Causes of Importance:

   Name of doctor  J. Frankhush
   Address  Allegany
   Date of onset

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

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

If more blanks are needed, address State Registrar, 2401 North 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.

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

Other contributory causes of importance:

Gallstones | May 1, 1928 | Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Marriottsville

2. FULL NAME
   (a) Residence: No. 200, Hyattsville, St., Ward.

3. SEX
   Male

4. COLOR OR RACE
   White

5a. If married, widowed, or divorced:
   HUSBAND of: 
   WIFE of: Elizabeth F. Johnson

6. DATE OF BIRTH
   May 8, 1845

7. AGE
   89 Years 5 Months 16 Days

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

9. Industry or business in which work was done: None

10. Date deceased last worked at this occupation: Unknown

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

12. BIRTHPLACE (city or town)

13. NAME
   John Evans

14. BIRTHPLACE (city or town)
    England

15. MAIDEN NAME
    Elliott Moyd

16. BIRTHPLACE (city or town)
    England

17. INFORMANT
   Mary M. Harris

18. BURIAL, CREMATION, OR REMOVAL
   Place: Old Conley Cemetery
   Date: June 5, 1937

19. UNDERTAKER
   M. A. Hargraves

20. FILE No.
    37-04-2-02-1-4

21. DATE OF DEATH
   Nov. 40, 1937

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

   Carcinoma of mouth

   Other Contributory Causes of Importance:

   Neme of operation... Date of...
   Was there an autopsy?...

   Was death 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

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

   (Signed) Henry W. Hodges, M.D.

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

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

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

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

Other contributory causes of importance:

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

**Example II**

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
County: Allegany
Village or City: Cumberland

Registration Dist. No. 4
No. 24 Marion St., 5-2 Ward
Length of residence in city or town where death occurred: yrs. mos. ds.

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

2. FULL NAME:
(a) Residence: No. 24 Marion St., Ward.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX
4. COLOR OR RACE: white

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

5b. Date of marriage:

6. DATE OF BIRTH (month, day, and year): Nov. 30, 1937

7. AGE Years: 5
Months: 2
Days: 1

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

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

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

11. Total time (years) spent in this occupation

21. DATE OF DEATH: Nov 24

22. I HEREBY CERTIFY: That I attended deceased from Nov 29, 1937, to Nov 24, 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:

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

Accident, suicide, or homicide:
Where did injury occur?

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

Manner of Injury:
Nature of Injury:

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

If so, specify

20. FILED: Dec. 2, 1937 J.P. Franklin, M.D.

If more blanks are needed, address State Registrar, 2415 N. Charles Street, Baltimore, requesting U.S. No. 1.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:
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<th>Example II</th>
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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>RECEIVED</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>BUREAU VER</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>1923</td>
</tr>
<tr>
<td></td>
<td>1923</td>
</tr>
</tbody>
</table>

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

**Personal and Statistical Particulars**

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

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

Luna Young

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

Aug 28, 1887

7. AGE

50

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

Woodsman

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

Saw Mill

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

11. Total time (years) spent in this occupation

**Medical Certificate of Death**

21. DATE OF DEATH

November 23, 1937


I lost saw h. I.m. alive on Nov. 23, 1937; death is said to have occurred on the date stated above, at 11:15 a.m.

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

- Depressed fracture of vault of skull
- Intracranial hemorrhage

Other Contributory Causes of Importance:

Name of operation None

What last confirmed diagnosis? Clinical

Date of.. No.

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

- Accident, suicide, or homicide
- Date of injury
- Where did injury occur?

(Opposite city or town, county and State)

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

Manner of Injury

Tree fell and struck his head

Nature of injury

Depressed fracture of vault of skull

Cutting down tree

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

If so, specify

Woodsman

Address

Cumberland, Maryland
UNITED STATES STANDARD CERTIFICATE OF DEATH

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---

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<tr>
<th>Disease/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>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>Disease/Condition</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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</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

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

- **County:** Alleghany
- **Village or City:** Cumberland, Md.
- **Registration Dist. No.:** 4
- **St.:** 1
- **Ward:** 2
- **Length of residence in city or town where death occurred:** 66 yrs. 7 mos. 23 ds.
- **If death occurred in a hospital or institution, give its NAME instead of street and number:**
- **If U.S. Veteran, specify WAR:**

## 2. FULL NAME

- **(a) Residence:** No. 428, Cumberland, St.
- **(Usual place of abode):**
- **Ward:**
- **If nonresident give city or town and State:**

## PERSONAL AND STATISTICAL PARTICULARS

- **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED:** Widowed
- **6. DATE OF BIRTH**
  - **(month, day, and year):** March 22, 1871
- **7. AGE**
  - **Years:** 66
  - **Months:** 7
  - **Days:** 23
- **9. OCCUPATION:** Restaurant
- **10. Data deceased last worked at this occupation (month and year):** Nov. 24, 1937
- **11. Total time (years) spent in this occupation:** 6 yrs.

## MEDICAL CERTIFICATE OF DEATH

- **21. DATE OF DEATH**
  - **(Month):** Nov.
  - **(Day):** 15
  - **(Year):** 1937

- **22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937, to Nov. 15, 1937. I last saw him alive on Nov. 14, 1937. Death is said to have occurred on the date stated above, at 11 p.m.**

- **Causes of death were as follows:**
  - **Atherosclerosis**
  - **Atherosclerosis**

- **23. Other Contributory Causes of Death:**

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

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

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10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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

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

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

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

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<thead>
<tr>
<th>Example I</th>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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<tr>
<td>Arteriosclerosis</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Date of onset 1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Date of onset 1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones May 1, 1923</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Lonaconing, Md
   Length of residence in city or town where death occurred: 17 yrs

2. FULL NAME
   (a) Residence: No. 125 Douglas Ave.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF BIRTH (month, day, year)
   Oct. 16, 1912

7. AGE
   25

8. OCCUPATION
   Cashier

9. Industry or business in which work was done
   Theatre

10. Date deceased last worked at this occupation
    April 1, 1937

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

12. BIRTHPLACE (city or town)
    Maryland

13. NAME
    Elia Gould

14. BIRTHPLACE (city or town)
    Maryland

15. MAIDEN NAME
    Margaret Smith

16. BIRTHPLACE (city or town)
    Lonaconing, Md

17. INFORMANT
    Mrs. Margaret Gould

18. BURIAL, CREMATION, OR REMOVAL
    Peabody Cemetery, Lonaconing, Md

19. UNDERTAKER
    W. A. Eichhorne

20. FILED
    Nov. 10, 1937

21. DATE OF DEATH
    Nov. 25, 1937

22. I HEREBY CERTIFY. That I attended deceased from
    Jan. 1, 1937, to Nov. 25, 1937, to have occurred on the date stated above,

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

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

25. If resident give city or town and State

If more blanks are needed, address State Registrar, 2800 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 house work, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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

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

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<td>Date of onset</td>
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</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>DEC 6 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>3 days ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
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<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Westernport
   Registration Dist. No.:
   No. St., Ward:
   (If death occurred in a hospital or institution, give its NAME instead of street and number)
   Length of residence in city or town where death occurred: 16 yrs.
   mos. ds.
   How long in U.S. if of foreign birth?: yrs. mos. ds.

2. FULL NAME
   Fanny Grobe
   (a) Residence: No. Population of Ranch
   (Unusual place of abode)

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)
   March 14, 1869

7. AGE
   68 yrs. 8 mos. 3 days

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

9. OCCUPATION
   Home wife

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION
    1896

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

12. BIRTHPLACE (CITY OR TOWN)
    Allegany, MD

13. NAME
    Adal Quackworth

14. BIRTHPLACE (CITY OR TOWN)
    Barton, MD

15. MAIDEN NAME
    Dorcas Hilt

16. BIRTHPLACE (CITY OR TOWN)
    Bond, MD

17. INFORMANT
    James S. Grobe

18. BURIAL, CREMATION, OR REMOVAL
    Place: Philanthropy, Date: NOV. 16, 1937

19. UNDERTAKER
    D. S. Book

20. FILED
    NOV. 16, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    June 1, 1937

22. I HEREBY CERTIFY
    That I attended deceased from
    June 1, 1937, to Nov. 1, 1937.

23. Last saw here alive on Nov. 1, 1937.
    Death is said to have occurred on the date stated above, at 7:15 a.m.

24. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE
    Hypertension, Arteriosclerosis
    Diabetes Mellitus

25. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

   Other

Name of operation: Date of:

What last confirmed diagnosis?: Date of:

Was there an autopsy?: Np

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

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

   If so, specify:

   (Signed) Dr. Roman F. Grobe
   M.D.

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

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

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

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

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

1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: Grantsville
   - Registration Dist. No.: 12
   - Length of residence in city or town where death occurred: 29 yrs., 7 mos., 12 ds.
   - How long in U.S.: 1 yrs., 7 mos., 12 ds.

2. **FULL NAME**
   - (a) Residence: St. Mary's
   - (Usual place of abode) St. Mary's
   - 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</strong></td>
</tr>
<tr>
<td>6. <strong>DATE OF BIRTH</strong> (month, day, and year)</td>
</tr>
<tr>
<td>7. <strong>AGE</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maine Operator</td>
</tr>
</tbody>
</table>

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

| 8. **Trade, profession, or particular kind of work done** | Maine Operator |

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

| 9. **Industry or business in which work was done** | Maine Operator |

10. **DATE deceased last worked at this occupation (month and year)**: Aug. 12, 1937

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

| 12. **BIRTHPLACE** (city or town) | Zanesville (State or country) Ohio |
| 13. **NAME** | Francis Guynn |
| 14. **BIRTHPLACE** (city or town) | Maryland (State or country) |
| 15. **MAIDEN NAME** | Emma Jane Clarke |

| 16. **BIRTHPLACE** (city or town) | Maryland (State or country) |
| 17. **INFORMANT** (Address) | Mrs. Frances Guynn |
| 18. **BURIAL, CREMATION, OR REMOVAL** |
| 19. **UNDERTAKER** (Address) | Midland, MD |

| 20. **FILED** (Month, Year) | Nov. 15, 1937 |

| 21. **DATE OF DEATH** (Month, Day, Year) | Nov. 13th, 1937 |

<table>
<thead>
<tr>
<th>MEDICAL CERTIFICATE OF DEATH</th>
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<tbody>
<tr>
<td>22. I HEREBY CERTIFY, That I attended deceased from Nov. 13th, 1937, to Nov. 13th, 1937, I last saw him alive on Nov. 13th, 1937, and death is said to have occurred on the date stated above, at 12:00 A.M.</td>
</tr>
<tr>
<td>The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Contributory Causes of Importance:</th>
</tr>
</thead>
</table>

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

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

| Accident, suicide, or homicide?... | Date of Injury... |
| Where did injury occur?... | (Specify city or town, county and State) |
| Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE. |
| Nature of Injury... |
| Nature of Injury... |

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

| Address... |

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

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

To be complete, an occupation return must state:
8.—The trade, profession, or particular kind of work done.
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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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<tr>
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</tr>
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<td>Gallstones</td>
<td>May 1, 1923</td>
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Example II

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<td>3 days ago</td>
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<td></td>
</tr>
<tr>
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<td>1 year</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
County Allegany
Village or City Hagerstown, Maryland
No. Miner's Hospital, St.
Ward

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

2. FULL NAME Mary Elizabeth Harvey
(a) Residence: No. 31 Water St.
(Usual place of abode)

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

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

6. DATE OF BIRTH (month, day, and year) Sept. 15, 1879
7. AGE 58 Years
   Months 1
   Days 18

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   At Home
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 33 yrs.

12. BIRTHPLACE (city or town) Shaft, Maryland
   (State or country)
13. NAME Morgan Thomas
14. BIRTHPLACE (city or town) Wales
   (State or country)
15. MOTHER NAME Barbara C. Chemey
16. BIRTHPLACE (city or town) Shaft, Maryland
   (State or country)
17. INFORMANT George Harvey
   (Address) 31 Water St, Hagerstown, Md.
18. BURIAL, CREMATION, OR REMOVAL
   Place Allegany Cemetery
   Date Nov. 3, 1937
19. UNDERTAKER Jacob Hager
   (Address)
20. FILED Nov. 5, 1937

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

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

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

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<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset: FEB 8 1933</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td>Date of onset: 1927</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: | Other contributory causes of importance: |
| Gallstones | Gastroenteritis |
| May 1, 1923 | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
County: Allegany County
Village or City: Cumberland, Maryland
No. Memorial Hospital
Registration Dist. No. 4
Ward: 6 - 6
Length of residence in city or town where death occurred: yrs., mos., ds.

2. FULL NAME. Gae Hay
(a) Residence: No.

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

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

6. DATE OF BIRTH (month, day, and year)
Jan. 13, 1905.

7. AGE Years
Months
Days
10
10

7a. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Music Teacher

7b. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

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

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

21. DATE OF DEATH
November 23, 1937

22. I HEREBY CERTIFY that I attended deceased from
11 - 12 - 1937 to 11 - 23 - 1937
I last saw him alive on 11 - 23 - 1937.

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

Other Contributory Causes of Importance:

Date of onset

24. What test confirmed diagnosis?

25. Was there an autopsy?

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

27. Accident, suicide, or homicide?

28. Where did injury occur?

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

30. Manner of injury

31. Nature of injury

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 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></td>
<td>1915</td>
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<td>DEC 6 1927</td>
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<tr>
<td></td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Allegany
Village or City: Cumberland
Registration Dist. No.: 4
No.: 119, OFFICE
St. 6-5 Ward
Length of residence in city or town where death occurred: 40 yrs., mos., ds.
(If death occurred in a hospital or institution, give its NAME, instead of street and number)

2. FULL NAME
(a) Residence: No.: 319, OFFICE
St., Ward.
If U.S. Veteran, specify WAR
If nonresident give city or town and State

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

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM

23. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?
UNIVERSAL STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 18
   Ward: 1
   Length of residence in city or town where death occurred: 67 yrs.

2. FULL NAME: 
   Residence: No. 18, R. Allegany
   St., Ward: If nonresident give city or town and State

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

   6. DATE OF BIRTH (month, day, and year): March 23, 1870
   7. AGE: 67 yrs.

   8. OCCUPATION: Housewife

   9. DATE deceased last worked at this occupation: March 23, 1870
   10. TOTAL time (years) spent in this occupation: 67 yrs.

   11. Cause of death: Carcinoma of Lung

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

   13. NAME: (mother of deceased)

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

   15. MAIDEN NAME: Susan B. Connors

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

   17. INFORMANT: (Address)

   18. BURIAL, CREMATION, OR REMOVAL

   19. UNDERTAKER: (Address)

   20. FILED: Dec. 18, 1937

   21. DATE OF DEATH: Nov. 17, 1937

   22. I HEREBY CERTIFY that I attended deceased from Nov. 1 to Nov. 17, 1937.

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

   Accident, suicide, or homicide: Date of injury: 1937

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

   Manner of injury: Nature of injury:

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

   If so, specify:

   (Signed) 

   C. M. Dodge

   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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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Dec 6 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
- County: Allegany
- Village or City: Cumberland
- Registration Dist. No.: 4
- No. Allegany Hospital St. 7, Ward
- Length of residence in city or town where death occurred: 15 yrs. mos. ds.
- If death occurred in a hospital or institution, give its NAME, instead of street and number:
- If U. S. Veteran, specify WAR

2. FULL NAME
(a) Residence: No. 546 Calviins Ave. St. Ward
- Francis J. Hunter

PERSONAL AND STATISTICAL PARTICULARS
- SEX: Male
- COLOR OR RACE: White
- SINGE, MARRIED, WIDOWED, OR DIVORCED: Married
- HUSBAND of (or) WIFE of: Edward Hunter
- DATE OF BIRTH (month, day, and year): June 5, 1905
- AGE: 32 yrs. 5 mos. 13 ds.
- Occupation: House wife
- Date deceased last worked at occupation (month and year): June 5, 1937
- If less than 1 day, ... h. or ... min.

3. OCCUPATION
- Date of onset: Acute encephalitis, 1937

MEDICAL CERTIFICATE OF DEATH
- I HEREBY CERTIFY, That I attended deceased from November 15, 1937, to November 18, 1937.
- I last saw deceased alive on November 15, 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:
  - Acute encephalitis, 1937
- Other Contributory Causes of Importance:
  - Convulsions, coma, 1937

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

13. NAME: James W. Bone

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

15. MAIDEN NAME:
- Harriett Fuller

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

17. INFORMANT:
- Edward Hunter, 64 E. Calviins Ave.

18. BURIAL, CREMATION, OR REMOVAL
- Place: Cumberland, MD.
- Date of removal: Jul 21, 1937

19. UNDERTAKER
- Address: Jackso. Faifer

20. FILED
- Date: Nov 27, 1937

Registrar:
- W. R. Barlow, M. D.
- Address: Chadwick, MD.

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

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<td>Chronic interstitial nephritis</td>
<td>1921</td>
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</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

<table>
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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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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: Allegany
   Village or City: Cumberland
   No. 930 Lincoln St., 1 Ward
   Length of residence in city or town where death occurred: 67 yrs., mos., ds.

2. FULL NAME: Conrad Jamner
   (a) Residence: No. 930 Lincoln St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Married

6. DATE OF BIRTH (month, day, and year): Oct. 11, 1870

7. AGE
   Years: 67
   Months: 1
   Days: 19
   If LESS than 1 day, hrs., or... min.

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

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

10. Date deceased last worked at this occupation (month and year): 11.7
11. Total time (years) spent in this occupation: 30 yrs.

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

13. NAME: Henry Jamner

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

15. MAIDEN NAME: Anna Margaret Schillers

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

17. INFORMANT: Emma Jamner
    (Address)

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

19. UNDERTAKER: Lissim Stein, Inc.
    (Address)

20. FILED: Dec. 7, 1937
    Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Nov. 30
    (Month) 1937
    (Day) 1937
    (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to Nov. 30, 1937.
    I last saw him alive on Nov. 30, 1937; death is said to have occurred on the date stated above, at 11.7 hrs.
    The PRINCIPAL CAUSE OF DEATH was Carcinoma of Stomach.

Other Contributory Causes of Importance:

Name of operation: Exploratory
    Date of Other Cause of Death: Sept. 18, 1936
    What last confirmed diagnosis? Carcinoma of Stomach.
    Was there an autopsy? Yes

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

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify (Signed)
    Nature of injury: (Address)
    M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

1. PLACE OF DEATH

County .............. ALLEGANY
Village or City ...... CUMBERLAND, MD. MEMORIAL HOSPITAL
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 FLORA JEFFERS

(a) Residence: No. TERRA ALTA, WEST VIRGINIA

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) July 31, 1879

7. AGE Years ...... Months ...... Days ......

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, etc. HOUSE WIFE

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

10. DATE DECEASED LAST WORKED AT ....

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

12. BIRTHPLACE (CITY OR TOWN) WEST VIRGINIA

(State or country)

13. NAME JACKSON GARNER

14. BIRTHPLACE (CITY OR TOWN) WEST VIRGINIA

(State or country)

15. MAIDEN NAME ALICE KING

16. BIRTHPLACE (CITY OR TOWN) WEST VIRGINIA

(State or country)

17. INFORMANT ROBERT JEFFERS

ADDRESS TERRA ALTA, W.V.A.

18. BURIAL, CREMATION, OR REMOVAL TERRA ALTA, Date Nov. 12, 1937

19. UNDERTAKER A. P. Fink

(ADDRESS)

20. FILED Nov. 12, 1937

DR. WILLIAMS

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:

<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>
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<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
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<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</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>RECEIVED</td>
<td></td>
</tr>
<tr>
<td>DEC 8, 1987</td>
<td></td>
</tr>
<tr>
<td>July 5, 1927</td>
<td></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
</tbody>
</table>
## STATE OF MARYLAND—CERTIFICATE OF DEATH

1. **Place of Death**
   - County: Allegany
   - Village or City: Cumberland

2. **Full Name**
   - John Juggins King

### PERSONAL AND STATISTICAL PARTICULARS

- **3. Sex:** Male
- **4. Color or Race:** White
- **5. Single, Married, Widowed, or Divorced:** Single

### MEDICAL CERTIFICATE OF DEATH

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

21. **Date of Death**
   - Date: Nov 14, 1937

22. **Hereby Certify,** That I attended deceased from...

**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.

24. **Was disease or injury in any way related to occupation of deceased?**
   - if so, specify:
   - Signed: [Signature]

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

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

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

Example I

<table>
<thead>
<tr>
<th>The principal cause of death and related causes</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>DEC 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:

Gallstones

Example II

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

Other contributory causes of importance:

Gastroenteritis

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 4
   Ward: 1
   Length of residence in city or town where death occurred: 30 yrs. 6 mos. 0 days

2. FULL NAME
   (a) Residence: No. 6, Allegany Lane
   If U.S. Veteran, specify WAR:

   PERSONAL AND STATISTICAL PARTICULARS
   3. SEX: M
   4. COLOR OR RACE:
   5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Divorced
   6. DATE OF BIRTH (month, day, and year): Feb. 14, 1899
   7. AGE: 38 years, 8 months, 3 days
   8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Electricians
   9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Silk Mill
   10. Date deceased last worked at this occupation (month and year): Oct. 1927
   11. Total time (years) spent in this occupation: 10
   12. BIRTHPLACE (city or town): Cumberland
      (State or country):

   MEDICAL CERTIFICATE OF DEATH
   21. DATE OF DEATH
      (Month) 6
      (Day) 1937
   22. I HEREBY CERTIFY That I attended deceased from Nov. 5, 1937, to Nov. 6, 1937, and last saw him alive on Nov. 5, 1937; death is said to have occurred on the date stated above, at 11:11 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
      Delirium, Drunkenness
      Date of onset: Nov. 5, 1937
   Other Contributory Causes of Importance:
      Nephritis
      Date of onset: Nov. 5, 1937
   Name of operation: Blennorrhagia
   Date of: M.D.
   What was confirmed diagnosis?: Was there an autopsy?: No
   23. If death was due to external causes (VIOLANCE) fill in also the following:
      Accident, suicide, or homicide?: Blennorrhagia
      Date of injury: 10-26-37
      Manner of Injury: M.D.
      Nature of Injury:

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

   If more blanks are needed, address State Registrar, 2432 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:
5.--The trade, profession, or particular kind of work done.
6.--The industry or business in which the work was done.
7.--The month and year the deceased last worked at the occupation.
8.--The number of years the deceased followed the occupation.

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

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

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

Example I

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

Other contributory causes of importance:

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

Example II

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of onset</th>
<th>Disease</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
<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: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 4
   No. 204 Union St., 5th Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. 204 Union St., 5th Ward.
   If U.S. Veteran, specify WAR: World War
   Residence: No. 204 Union St.
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   Oct. 5, 1889

7. AGE
   Years: 48
   Months: 1
   Days: 8
   If LESS than 1 year, write in days, or . hrs. or . min.

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

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   B70

10. Date deceased last worked at this occupation (month and year)
    Nov. 17, 1937

11. Total time (years) spent in this occupation
    26

12. BIRTHPLACE (city or town)
    Cumberland

13. NAME
    Franklin William Kitzmiller

14. BIRTHPLACE (city or town)
    Gettysburg

15. MAIDEN NAME
    Iola C. Rosenmiller

16. BIRTHPLACE (city or town)
    Cumberland

17. INFORMANT
    Delbert W. Kitzmiller

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cumberland
    Place Beneficiary: Jan. 15, 1937

19. UNDERTAKER
    Louis Steinman

20. FILED
    Nov. 5, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    11-13-1937

22. I HEREBY CERTIFY, That I attended deceased from
    5-23-1937 to 11-13-1937

23. Other Contributory Causes of importance:
    Date of onset: 11-23-37

Other Contributory Causes of importance:

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

Other Contributory Causes of importance:

25. Nature of injury

26. Manner of injury

27. Where did injury occur?

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

29. If so, specify

30. (Signed)
    M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>May 1, 1923</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Allegany
Village or City: Cumberland, Md.
Registration Dist. No.: Memorial Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred: yrs. mos. days
(ds. How long in U.S. If of foreign birth? yrs. mos. ds.)

2. FULL NAME

Mrs. Jennie Leasure
(a) Residence: Route #3, Bedford Rd.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year)
March 5, 1857.

7. AGE
80 8 23

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

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

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN)
Pennsylvania
(State or country)

13. NAME: Levia Hardinger

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

15. MAIDEN NAME: Maria Harding

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

17. INFORMANT
Memorial Hospital
Cumberland, Md.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Lutheran

19. UNDERTAKER
John C. Wolford
Cumberland, Md.

20. FILED
Nov. 29, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
November 28, 1937

22. I HEREBY CERTIFY, What I attended deceased from Acute Nephritis
Cholecystitis & Stones
Date of onset: Nov. 13, 1937

Other Contributory Causes of Importance:
Brochokheimia
Name of operation: Cholecystectomy
Date of: Nov. 13, 1937

What test confirmed diagnosis? Cholecystitis
Was there an autopsy? Yes

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

Accident, suicide, or homicide? No
Date of Injury: Nov. 13, 1937

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) Dr. Hodges M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<td>Date of onset</td>
</tr>
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<td>DEC 6 1927</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
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<tr>
<td>Cerebral hemorrhage</td>
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<tr>
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<td>May 1, 1923</td>
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<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland, md.
   No. Allegany Hospital St., 4-1
   Ward
   Length of residence in city or town where death occurred yrs. mos. ds.
   Registration Dist. No.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male
   While married.
   M/F/W/D: M/W
   Mar/H/W/D: Married
   5a. If married, widowed, or divorced
   HUSBAND of
   (or) WIFE of
   Theresa Malecki

6. DATE OF BIRTH (month, day, and year)
   Dec 26, 1878

7. AGE
   Years: 58
   Months: 10
   Days: 17
   If LESS than 1 day...hrs.
   or...min.

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

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

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

11. Total time (years) spent in this occupation

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

13. NAME
   Michael Leppold

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

15. MAIDEN NAME
   Marie Hauer

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

17. INFORMANT
   (Address)
   Amelia Leppold
   208 M.E. ai, Cumberland, md.

18. BURIAL, CREMATION, OR REMOVAL
   Place:
   St. Peter's Church
   Date: Nov 16, 1937

19. Undertaker
   (Address)
   
20. FILED
   Jan 15, 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, 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:

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

Other contributory causes of importance:

- Gallstones Date of onset
  - May 1, 1923
- 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: Allegany
   - Village or City: Cumberland
   - No.: 305 Water St., 1-1
   - Registration Dist. No.: 4
   - Ward: 1

2. **FULL NAME**
   - First Name: John
   - Last Name: Long
   - If U.S. Veteran, specify WAR: 

   (a) Residence: No. 305 Water St., Ward: 

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

4. **5A.** If married, widowed, or divorced
   - **HUSBAND OF** or **WIFE OF**: 

5. **DATE OF BIRTH** (month, day, and year): Aug 20, 1869
6. **AGE**
   - Years: 68
   - Months: 3
   - Days: 3
7. **8.** Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
   - **OCCUPATION**: Bartender
8. **9.** Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
   - **OCCUPATION**: 

9. **10.** Date deceased last worked at this occupation (month and year):
   - 1932
10. **11.** Total time (years) spent in this occupation: 40 yrs.

11. **BIRTHPLACE** (city or town)
   - State or country: 

12. **NAME**
   - Father: Lena Long
   - Mother: 

13. **NAME**
   - Maiden Name: Bronson

14. **DATE OF DEATH**
   - Month: Nov
   - Day: 23
   - Year: 1937

15. **MEDICAL CERTIFICATE OF DEATH**
   - **22.** I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1937, 19... to Nov. 23, 1937.
   - **23.** I last saw h. [him] alive on Nov. 23, 1937; death is said to have occurred on the date stated above, at ___m.
   - **24.** The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

   **Proc. Arthritis**

16. **Other Contributory Cause of Importance:**
   - Acute Phlebitis

17. **INFORMANT**
   - Address: 

18. **BURIAL, CREMATION, OR REMOVAL**
   - Place: 
   - Place and date: ___ - 26, 1937

19. **UNDERTAKER**
   - Address: 

20. **FILED**
   - Nov. 26, 1937

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

***
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of 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>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

- Gallstones
  - Date: May 1, 1923

Example II

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

Other contributory causes of importance:

- Gastroenteritis
  - Date: 1 year

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

1. **PLACE OF DEATH**
   - County: Calvert
   - Village or City: Cambridge
   - Registration Dist. No.: 4
   - No.: 2166 St. George St. E
   - Ward:
   - Length of residence in city or town where death occurred:

2. **FULL NAME:**
   - Stillborn Boy
   - (a) Residence: No. 2166 St. George St. E

**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):
   - Mar. 3, 1937
7. **AGE:**
   - Years: 1
   - Months: 3
   - Days: 0
8. **OCCUPATION:**
   - Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc.
9. **Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. **DATE deceased last worked at this occupation (month and year):**
11. **Total time (years):** spent in this occupation

12. **BIRTHPLACE** (city or town):
    - Cambridge
    - (State or country)
13. **NAME:**
    - Perry Loy
14. **MOTHER:**
    - Anna Elizabeth Morris
15. **MAIDEN NAME:**
    - Anna Elizabeth Morris
16. **BIRTHPLACE** (city or town):
    - Wood
    - (State or country)
17. **INFORMANT:**
    - George W. Loy
    - Address:
18. **BURIAL, CREMATION, OR REMOVAL:**
    - Place:
19. **UNDERTAKER:**
    - Komodski
    - Address:
20. **FILED:**
    - Nov. 3, 1937

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH**
    - (Month): Mar.
    - (Day): 3
    - (Year): 1937
22. **I HEREBY CERTIFY.** That I attended deceased from:
    - Last: Mar. 3, 1937, to:
    - First: Mar. 3, 1937
23. **Cause of Death:**
24. **OCCUPATION:**
25. **DATE OF ONSET:**
26. **Other Contributory Causes of Importance:**
27. **Name of operation:**
28. **Date of:**
29. **What test confirmed diagnosis:**
30. **Was there an autopsy:**
31. **If death was due to external causes (VIOLENCE) fill in also the following:**
32. **Accident, suicide, or homicide:**
33. **Date of injury:**
34. **Where did injury occur:**
35. **Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:**
36. **Manner of injury:**
37. **Nature of injury:**
38. **If so, specify:**
39. **If disease or injury in any way related to occupation of deceased:**
40. **If so, specify:**

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
UNIVERSAL 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, asthemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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

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

1. PLACE OF DEATH

County: Allegany
Village or City: Cumberland
Registration Dist. No.: 4
Ward: 4

2. FULL NAME: United H. Lynch
(a) Residence: No. 74 Rodney Street
(Ward)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. HUSBAND OF: Nellie Slaughterback

6. DATE OF BIRTH (month, day, and year): Sept. 17, 1901
7. AGE: 36

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

9. Industry or business in which work was done: Garage

10. Date deceased last worked in this occupation (month and year): 10-30-37
11. Total time (years) spent in this occupation: 1904

12. BIRTHPLACE (city or town): St. James, Ind.
(State or country)

13. NAME: United H. Lynch
14. BIRTHPLACE (city or town): St. James, Ind.
(State or country)

15. MAIDEN NAME: Hahn E. Hoare
16. BIRTHPLACE (city or town): St. James, Ind.
(State or country)

17. INFORMANT: United H. Lynch
18. BURIAL, CREMATION, OR REMOVAL Place: Boonsboro, Ind.
Date: 11-10, 1937

19. UNDERTAKER: Landrum Smith & Son

20. FILED: Nov. 10, 1937

If U.S. Veteran, specify WAR:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Dec. 10, 1937
(Month) 10 (Day) 1937

22. I HEREBY CERTIFY, That I attended deceased from
11-9-37 19 to 11-10-37 19
I last saw him alive on 11-10-37 19 death is said
to have occurred on the date stated above, at 10 A.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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

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

25. Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
Manner of Injury...
Nature of Injury...

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

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

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

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

**Example II**

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 4
   No. Allegany Hospital St. 4-1
   Ward: 1
   Length of residence in city or town where death occurred: 50 yrs.
   If death occurred in a hospital or institution, give its NAME instead of street and number:
   Ward: 2

2. FULL NAME
   (a) Residence: No. 225 Moffett St., Ward: 7
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

6. DATE OF BIRTH (month, day, and year)
   7th 14 1866

7. AGE
   Years: 71
   Months: 8
   Days: 20
   If LESS than 1 year, write: hrs. or min.

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

9. Industry or business in which work was done, (e.g. SILK MILL, SAW MILL, BANK, etc.):
   Brick yard

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

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

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

13. NAME
    Charles Moffett

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

15. MAIDEN NAME
    Mary

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

17. INFORMANT (Address):
    Geo. Moffett, 225 Moffett St.

18. BURIAL, CREMATION, OR REMOVAL
    Method of burial:
    Date of burial:
    Place of burial:

19. UNDERTAKER (Address):
    John Smith, Undertaker

20. FILED (Address) (Signed):
    Mrs. P. H. Moffett, Nov. 4, 1937
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Nov 4, 1937

22. I HEREBY CERTIFY that I attended deceased from Nov. 1, 1937 to Nov. 4, 1937.
    I last saw him alive on Nov. 1, 1937; death is said to have occurred on the date stated above, at 8 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    (Sphenophthisis)
    Date of onset: Nov 27
    Other Contributory Causes of Importance:
    (Specify from attendant's 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 city or town, county and state)
    Specified whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify:
    (Address) Cumberland, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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</tr>
<tr>
<td>Arteriosclerosis</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>June 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 1923</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: Allegany
   Village or City: Cumberland
   Length of residence in city or town where death occurred: yrs. 7 mos. ds.

2. FULL NAME: Patricia Anne McGuire
   (a) Residence: No. 565 Patterson Ave., Ward.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH: April 5, 1937
7. AGE: Years 7
   Months 5
   Days
   If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done: N/A

10. Date deceased last worked at this occupation: N/A

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

12. BIRTHPLACE: Cumberland, Md.

13. NAME: Patricia Anne McGuire
14. BIRTHPLACE: Cumberland, Md.

15. MAIDEN NAME: Hazel Dr. Henderson
16. BIRTHPLACE: Cumberland, Md.

17. INFORMANT: Patricia McGuire
   Address: Tintlands

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cemetery
   Place: Frostburg, Md.
   Date: 14th day of April, 1937

19. UNDERTAKER: Louis Stobell
   Address: Tintlands

20. FILED: 12th day of May, 1937

Registration Dist. No. 1
Ward 1
County, Allegany
Village or City, Cumberland
Length of residence in city or town where death occurred: yrs. 7 mos. ds.

21. DATE OF DEATH: Nov. 10
   (Month) 7
   (Day) 1937

MEDICAL CERTIFICATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from
    Nov. 10, 1937, to Nov. 10, 1937, and that death occurred on
    the date stated above, at 12:00 noon.
    Cause of Death: Childbirth, comp. from anemia.

   Other Contributory Causes of Importance:

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

   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:
   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 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, 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>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
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</tr>
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<td>Chronic interstitial nephritis</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>DEC 6 1937</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>BUREAU V. S.</td>
<td>Date of onset</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
PLACE OF DEATH

County: Allegany
Village or City: Cumberland

Registration Dist. No.: 4
No. 515 Washington St., 2
Ward.

Length of residence in city or town where death occurred: 60 yrs. mos. ds.

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

FULL NAME: Hugh A. McMillen

(a) Residence: No. 515 Washington St., Ward.

If nonresident give city or town and State of abode.

If nonresident give city or town and State of abode.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

HUSBAND OF (or WIFE OF) Anna McMillen.

DATE OF BIRTH: Dec. 9, 1859.
AGE: 79 yrs. 10 mos. 27 days

DATE OF DEATH: Nov. 6, 1937

DATE OF DEATH: Nov. 6, 1937

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from
Feb. 4, 1936 to Nov. 6, 1937
I last saw him alive on Nov. 6, 1937;

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

Conceussion of Stomach

Other Contributory Cause of Importance:

Name of operation:

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?:

Data of injury:

Where did injury occur?:

(Specify city or town, county and State)

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

Manner of injury:

Nature of injury:

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

If so, specify:

(Signed)

(Address)

M.D.

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

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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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<td>Date of onset</td>
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<tr>
<td>Chronic interstitial nephritis</td>
<td>1915</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 6, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: East Island
   No. 17 S. Chase
   Registration Dist. No.: 1
   Ward: 4
   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: 65 yrs. mos. ds.
   How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Edward J. Ramirez
   If U.S. Veteran, specify WAR
   (a) Residence: No. 17 S. Chase

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Single

6. DATE OF DEATH (month, day, and year)
   July 27, 1932

7. AGE
   Years: 55
   Months: 3
   Days: 17
   If LESS than 1 day, hrs. or mins.

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

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)
   Cumberland, Md.

13. NAME
   John J. Ramirez

14. BIRTHPLACE (city or town)
   Ireland

15. MAIDEN NAME
   Catherine O'Brien

16. BIRTHPLACE (city or town)
   Ireland

17. INFORMANT
   Kathleen Ramirez

18. BURIAL, CREMATION, OR REMOVAL
   Place: Notre Dame, date: 11-12, 1932

19. UNDERTAKER
   J. U. Thomas, Jr.

20. FILED
   Dec. 11, 1932

21. DATE OF DEATH
   Nov. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1932, to Nov. 9, 1937, and that death was natural and occurred on the date stated above, at

   OTHER CONTRIBUTORY CAUSES OF DEATH

   Cancer of stomach

   Date of onset

   Other Contributory Causes of importance:

   Name of operation

   Other test confirmed diagnosis

   Other symptoms

   Was there an autopsy

   No

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

      Accident, suicide, or homicide
      Date of injury
      Where did injury occur
      Specify 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

      Nature of injury

      M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1"
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<table>
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<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>DEC 6 1927</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td></td>
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</table>

Example II

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

Other contributory causes of importance:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1925</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 Allegany
Village or City Hancock
Registration Dist. No. 8

2. FULL NAME
(a) Residence: No. Moroando - Island St.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male

4. COLOR OR RACE
White

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

6. DATE OF BIRTH (month, day, and year)
April 4, 1869

7. AGE Years 68 Months 7 Days 9

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

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

10. Date deceased last worked at this occupation (month and year)
Dec. 12, 1926

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

12. BIRTHPLACE (city or town)
Lemasond
(State or country) Grand Island

13. NAME Hugh M. Smith

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

15. MAIDEN NAME Anne Hunter

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

17. INFORMANT (name, address)
Mr. & Mrs. Daniel Smith
Lemasond

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cemetery Date Dec. 12, 1927

19. UNDERTAKER (name, address)
D. E. Ketchum

20. FILED Nov. 15, 1937
Registrar.

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


23. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Carcinoma of Liver 1936

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

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

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

PLACE OF DEATH
County: Allegany
Village or City: Cumberland
Registration Dist. No.: 4
No.: 19, Bidford St., 4-1 Ward

Length of residence in city or town where death occurred: 60 yrs., mos., ds.

FULL NAME: Elizabeth Ashby Ogleby
(a) Residence: No. 19 Bidford St., Cumberland Ward.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

If married, widowed, or divorced:
HUSBAND OF (or) WIFE OF: Horace H. Ogleby

DATE OF BIRTH (month, day, and year): Feb. 21, 1857

AGE: 80 yrs., 8 mos., 18 days

If less than 1 year, state in tenths of a year.

OCCUPATION: Housewife

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

BIRTHPLACE (city or town): Ohio
(State or country)

NAME: Elizabeth Ashby Ogleby

FATHER: John Ashby

MOTHER: Margaret Long

INFORMANT: Ogleby, (Address): Cumberland

BURIAL, CREMATION, OR REMOVAL:
Place: Rose Hill, (Date): 11-11-1957

UNDERTAKER: Lottis, Stein, (Address): Cumberland

FILENAME: 11550

DATE OF DEATH: Nov. 9, 1937

DATE OF ONSET:

NAME OF OPERATION:

DATE OF INJURY:

DATE OF DEATH:

NAME OF THE PERSON:

DATE OF INJURY:

DATE OF OPERATION:

DATE OF DEATH:

DATE OF INJURY:

NAME OF PERSON:

DATE OF INJURY:

DATE OF OPERATION:

MANNER OF INJURY:

NATURE OF INJURY:

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

If so, specify (Address):

SIGNATURE:

[Signature]

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<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, 1933   |
Gastroenteritis | 1 year       |

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

1. PLACE OF DEATH
   County: ALLEGANY
   Village or City: CUMBERLAND, MD, MEMORIAL HOSPITAL
   Registration Dist. No. 4
   St. 6-6 Ward
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: CLARENCE ORENDORF
   (a) Residence: No. 23, GRANTSVILLE, St. 5, Ward 10
   (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, and year): FEB 24, 1898
7. AGE: 59 Years 8 Months 24 Days

8. OCCUPATION: FARMER

12. BIRTHPLACE (city or town): MARYLAND
13. NAME: CHRISTIAN ORENDORF
15. MAIDEN NAME: ANNA BETZEL
16. BIRTHPLACE (city or town): MARYLAND

17. INFORMANT: MRS. CLARENCE ORENDORF
18. BURIAL, CREMATION, OR REMOVAL: GRANTSVILLE, MD.
19. Undertaker: W. W. WHITAKER
20. FILED: Nov 16, 1937

21. DATE OF DEATH: NOVEMBER 18, 1937 (Month), 1937 (Year)

22. I HEREBY CERTIFY, that I attended deceased from
   NOV 17, 1937 to NOV 18, 1937.
   I last saw him alive on NOV 18, 1937. His death occurred
   to have occurred on the date stated above, at 4:00 AM.

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

   Euphagen, (Cause)
   Col. Racic
   Date of onset: Nov 17, 1937

   Other Contributory Causes of importance:

   Generalized Peritonitis
   Name of operation: Abdominalectomy
   Date of operation: Oct 27, 1937
   Date of injury: 19

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

   Was there an eulogy?

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

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

M.D.

If more blanks are needed, address State Registrar, 222 N. Charles Street, Baltimore, Requesting "U. S. No. 1."
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

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

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

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

**Example I**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
<th>Other Contributory Causes of Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1937 December</td>
<td></td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921 September</td>
<td></td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>1927 July</td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>1923 May</td>
<td></td>
</tr>
</tbody>
</table>

**Example II**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Date of Onset</th>
<th>Other Contributory Causes of Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
<td></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>Other contributory causes of importance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH

County: Allegany
Village or City: Cumberland, Md.
No. 637 Maryland Ave. St., S-2, Ward

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

2. FULL NAME: Charles Parrish

(a) Residence: No. Cumberland, Md. St., Ward.

If U.S. Veteran, specify WAR:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

5a. If married, widowed, or divorced: HUSBAND of Ella. M. Davis

6. DATE OF BIRTH (month, day, and year): Feb. 5, 1876

7. AGE: Years 60 | Months 9 | Days 18

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE: B. And. O. Watchman

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: No. S. Mill, Bank, etc.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR): No specific date provided

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: No specific time provided

12. BIRTHPLACE (CITY OR TOWN): Wva

13. NAME: Henry. Parrish

14. BIRTHPLACE (CITY OR TOWN): Va

15. MAIDEN NAME: Amanda. Barker

16. BIRTHPLACE (CITY OR TOWN): Va

17. INFORMANT: V. H. Parrish

18. BURIAL, CREMATION, OR REMOVAL: Place: Keyser, Wva. Date: 1-24, 1937

19. UNDERTAKER: N. K. Rogers

20. FILED: Dec. 22, 1937

21. DATE OF DEATH

Nov. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1919, to 1919.

I last saw him alive on 1919; death is said to have occurred on the date stated above, at 12 a.m.

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

Brain Hemorrhage

Other Contributory Cause of Importance:

Name of operation:

Date of:

Was test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide? Date of Injury: 1919

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) Geo. William, Coroner

(Address) Court, Md.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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 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>DEC 6 1937</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>1921</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1933</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>Other contributory causes of importance:</td>
<td>1 year</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No.: 4
   Ward: No. 12, Virginia ave.
   Length of residence in city or town where death occurred: 10 yrs., mos., ds.
   How long in U.S. if of foreign birth?: yrs., mos., ds.

2. FULL NAME: Isaac Newton Post
   (a) Residence: No. 12, Virginia ave.
   (b) U.S. Veteran specify WAR.
   (c) If nonresident give city or town and State
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF DEATH (month, day, and year): Aug 10, 1855

7. DATE OF BIRTH (month, day, and year):
   Years: 82
   Months: 2
   Days: 21
   If less than 1 day, hrs., or. min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation month and year:
    July 15, 1855

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

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

13. NAME: Isaac Newton Post

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

15. MAIDEN NAME: Nancy Harman Post

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

17. INFORMANT (Address):
    Thomas F. Post
    Cumberland, Md.

18. BURIAL, CREMATION, OR REMOVAL
    Place: Sylvan Heights
    Date: Nov 3, 1937

19. UNOBTAINER (Address):
    Cumberland, Md.

20. FILED: Mar 3, 1937
    J. J. Franklin, M.D.
    Registrar.

21. DATE OF DEATH: July 10, 1855
   Month: 7
   Day: 10
   Year: 1855

   I HEREBY CERTIFY that I attended deceased from
   July 3, 1855, to Nov. 3, 1937; death is said
   to have occurred on the date stated above, at...
   7:00 am.

   The PRIMARY CAUSE OF DEATH and related causes of importance
   were as follows:
   Chorea Agitans
   Date of attack: 1937

   Other Contributory Causes of Importance:

   Name of operation...
   Date of...
   Where was there an autopsy?

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

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

   24. Was disease or injury in any way related to occupation of deceased?
       If so, specify...
       (Signed)
       [Signature]
       M. D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td></td>
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<td>1921</td>
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</tr>
<tr>
<td>Cerebral hemorrhage</td>
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<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
<td>Other contributory causes of importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1933</td>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Allegany, Village or City: Cumberland,
   Length of residence in city or town where death occurred: 0 yrs., 0 mos., 0 ds.

2. FULL NAME: Radigan, Michael J.
   Residency: Allegany, hospital: St. Mary's Hospital, Ward: 5
   If U.S. Veteran, specify War: World War II

3. PERSONAL AND STATISTICAL PARTICULARS
   Sex: Male, Color or Race: White, Single
   Residence No.: 123 Main St., Ward: 5
   Occupation: Laborer
   Date of Birth: Sept. 15, 1870
   Age: 67 yrs., 11 mos., 27 days
   If less than 1 day, hours, or minutes: 12 hrs.

4. OCCUPATION
   Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer
   Industry or business in which work was done: Brickyard
   Date deceased last worked at this occupation (month and year): Sept. 15, 1947
   Total time (years) spent in this occupation: 19 yrs.

5. BIRTHPLACE (city or town): Mt. Savage, Maryland
   State or country: Maryland
   Mother's Father: Radigan, Thomas
   Mother's Name: Mary McTague

6. Date of Death: November 12, 1937
   Date of death: January 16, 1937
   Last seen: September 15, 1947
   Cause of death: Heart failure
   Contributory Causes of Importance: None

7. Place of Burial: Mt. Savage, Date of Burial: April 16, 1927

8. Undertaker: Joseph Durst
   Address: 123 Main St., Allegany, MD
   Filed: Nov. 15, 1937

9. Certificate of Death: 11554

10. State Registrar: 2411 N. Charles Street, Baltimore, MD

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

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

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<table>
<thead>
<tr>
<th>Example I</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Arteriosclerosis</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
</tr>
<tr>
<td>Date of onset</td>
</tr>
<tr>
<td>1915</td>
</tr>
<tr>
<td>1931</td>
</tr>
<tr>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

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

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

1. PLACE OF DEATH

County: Allegany, No. 120 Frederick St., 1st Ward

Village or City: Cumberland

Length of residence in city or town where death occurred: 30 yrs., 0 mos., 0 ds.

2. FULL NAME

Alberintr, Emlon, Rappach

(a) Residence: No. 120 Frederick St., 1st Ward

If U.S. Veteran, specify WAR:

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

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

Apr. 27, 1893

7. AGE

Years: 44
Months: 7
Days: 6

8. OCCUPATION

Blacksmith

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

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

Mar. 1937

11. TOTAL TIME SPENT IN THIS OCCUPATION

28 yrs.

12. BIRTHPLACE (CITY OR TOWN)

Elmira, N.Y.

13. NAME

Mollie, H. Rappach

14. BIRTHPLACE (CITY OR TOWN)

(State or Country)

15. MAIDEN NAME

Virginia Brimble

16. BIRTHPLACE (CITY OR TOWN)

(State or Country)

17. INFORMANT

Elmira, N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Cumberland, Dec. 1, 1937

19. UNOERTAKER

Domestic Inc.

20. FILED

Nov. 8, 1937, J.R. Franklund, Registrar

21. DATE OF DEATH

Nov. 28th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1937, to Nov. 28th, 1937.

I last saw h. in . alive on Nov. 28th, 1937.

Death said to have occurred on the date stated above, at 7 AM.

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

Cancer of stomach

23. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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

25. MANNER OF DEATH

26. NATURE OF INJURY

If so, specify:

27. IF DEATH OCCURRED DUE TO INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED

28. SIGNATURE

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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10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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

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

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

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

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<tr>
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<th>Example II</th>
</tr>
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<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows: Arteriosclerosis</td>
<td>The principal cause of death and related causes of importance were as follows: Attack of epilepsy</td>
</tr>
<tr>
<td>Date of Onset: 1915</td>
<td>Date of Onset: 1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial, nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>DEC 6, 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME: Baby Reinhardt
   Residence: 537 Terril Street, Cumberland

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (insert the word)
   Single
6. DATE OF BIRTH (month, day, and year): Jan 6, 1937
7. AGE: Years, Months, Days

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): Cumberland, Ind.
13. NAME: Joseph H. Reinhardt Jr.
14. BIRTHPLACE (CITY OR TOWN): Cumberland, Ind.
15. MAIDEN NAME: Ina Corinne
16. BIRTHPLACE (CITY OR TOWN): Cumberland, Ind.

17. INFORMANT:
   NAME: Joseph H. Reinhardt Jr.
   ADDRESS: Cumberland

18. BURIAL, CREMATION, OR REMOVAL:
   PLACE: Cumberland, Date: Nov 9, 1937

19. UNDERTAKER: Womack's Inc.

20. FILED: Nov 9, 1937

21. DATE OF DEATH: November 6, 1937

22. I HEREBY CERTIFY, That I attended decedent from November 6, 1937, to November 7, 1937, and that I last saw him alive on November 7, 1937.
   DEATH IS DECLARED TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11:00 a.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Stillborn

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
   Accident, suicide, or homicide?: Date of injury: November 7, 1937.
   Where did injury occur?: Cumberland, Ind.
   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:

Registrar: [Signature]
UNITED STATES STANDARD CERTIFICATE OF DEATH

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

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
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<td>Attack of epilepsy</td>
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<tr>
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<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td><strong>Date of onset</strong></td>
<td><strong>Date of onset</strong></td>
</tr>
<tr>
<td>RECEIVED DEC 6 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td>1 week ago</td>
</tr>
<tr>
<td>BUREAU V.S. JUL 18 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td>Other contributory causes of importance:</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

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

#### 1. PLACE OF DEATH
- **County**: Allegany
- **No. 513 Va Ave.**, St., Ward.
- **Registration Dist. No.** 4

#### 2. FULL NAME
- **Infant Reitmier**

#### PERSONAL AND STATISTICAL PARTICULARS
- **SEX**: Female
- **COLOR OR RACE**: White
- **SINGLE, MARRIED, WIDOWED, OR DIVORCED**: Single

#### MEDICAL CERTIFICATE OF DEATH
- **DATE OF DEATH**: Nov. 17, 1937

#### OTHER CONTRIBUTORY CAUSES OF IMPORTANCE
- **Name of operation**
- **Date of operation**
- **What was the diagnosis confirmed by examination?**
- **Was there an autopsy?**

#### CAUSE OF DEATH
- **INFANT DEATH**

#### BURIAL, CREMATION, OR REMOVAL
- **Place**: Cumberland
- **Address**: 513 Va Ave., St.
- **Date of Burial**

#### Undertaker
- **Name**: J. P. Frankel
- **Address**: 513 Va Ave., St.

#### FILED
- **Date**: Nov. 17, 1937

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

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

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.

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**Example I**

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

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

1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: Cumberland
   - Length of residence in city or town where death occurred: Yrs. mos. ds.

2. **FULL NAME**
   - George Samuel Rhodes
   - Residence: 4 Perry St., Ward: Brigadoon, Val.

<table>
<thead>
<tr>
<th>PERSONAL AND STATISTICAL PARTICULARS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. SEX</td>
<td>Male</td>
</tr>
<tr>
<td>4. COLOR OR RACE</td>
<td>White</td>
</tr>
<tr>
<td>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</td>
<td>Married</td>
</tr>
<tr>
<td>9a. If married, widowed, or divorced</td>
<td>Husband of</td>
</tr>
<tr>
<td>9b. Wife of</td>
<td>Bridget Hackley</td>
</tr>
<tr>
<td>6. DATE OF BIRTH</td>
<td>1880</td>
</tr>
<tr>
<td>7. AGE</td>
<td>57 years, 14 months, 0 days</td>
</tr>
<tr>
<td>8. OCCUPATION</td>
<td>Blacksmith</td>
</tr>
<tr>
<td>10. Date deceased last worked at this occupation:</td>
<td>1937</td>
</tr>
<tr>
<td>11. Total time (years) spent in this occupation:</td>
<td>9 yrs</td>
</tr>
<tr>
<td>12. BIRTHPLACE</td>
<td>Scranton, Pa.</td>
</tr>
<tr>
<td>13. NAME</td>
<td>George Samuel Rhodes</td>
</tr>
<tr>
<td>15. MAIDEN NAME</td>
<td>Elizabeth Stopnich</td>
</tr>
<tr>
<td>17. INFORMANT</td>
<td>Bridget Rhodes</td>
</tr>
<tr>
<td>18. BURIAL, CREMATION, OR REMOVAL</td>
<td>Oregon</td>
</tr>
<tr>
<td>19. UNDERTAKER</td>
<td>Scranton</td>
</tr>
</tbody>
</table>

**DATE OF DEATH**
- Nov. 4, 1937

**MEDICAL CERTIFICATE OF DEATH**
- I HEREBY CERTIFY that I attended deceased from Nov. 3, 1937, to Nov. 4, 1937.
- I last saw him alive on Nov. 3, 1937.
- Death is said to have occurred on the date stated above, at 2:30 p.m.
- The principal cause of death and related causes of importance were as follows:
  - Date of onset: 11-3-37
  - Other contributory cause of importance: Accident
  - Name of operation: 0
  - What test confirmed diagnosis?: Alcohol
  - Was there an autopsy?: No

23. If death was due to external causes (VIOLENCE) fill in also the following:
   - Accident, suicide, or homicide: Accident
   - Date of injury: Nov. 3, 1937
   - Where did injury occur?: Scranton
   - Specify whether injury occurred in INDUSTRY, HOME, or in PUBLIC PLACE.
   - Manner of injury: Fall on hand
   - Nature of Injury: Fracture

24. Was disease or injury in any way related to occupation of deceased?
   - If so, specify: Coal miner
   - (Signed): R. H. Zimmerman
   - M.D.
UNITED STATES STANDARD CERTIFICATE OF DEATH

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</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>
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<tr>
<td>Attack of epilepsy</td>
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<td>1 week ago</td>
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<td>3 days ago</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: Allegany
   Village or City: Frostburg
   Registration Dist. No. 9
   No., Maryland Hospital St., Ward
   Length of residence in city or town where death occurred: yrs. mos.

2. FULL NAME
   (a) Residence: No. Gilmore Way
   (Usual place of abode)
   If nonresident give city or town and State

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)
   May 13, 1919

7. AGE
   Years: 25
   Months: 6
   Days: 0

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

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

10. Date deceased last worked at this occupation (month and year)
    Mar. 12, 1937

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

12. BIRTHPLACE (city or town)
    (State or country)
    Midland, Pennsylvania

13. NAME
    John W. Haunmann

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

15. MAIDEN NAME
    Anna S. Fieble

16. BIRTHPLACE (city or town)
    (State or country)
    Mt. Savage, Maryland

17. INFORMANT
   Address
   Mrs. Han Mann, Midland, Maryland

18. BURIAL, CREMATION, OR REMOVAL
   Place
   Cape St. Mary's, Nov. 15, 1937

19. UNDERTAKER
   Address
   W. F. Beichmann, Frostburg

20. FILED
    11-15-37, N. H. M. Emmitt

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

22. I HEREBY CERTIFY. That I attended deceased from
    Nov. 12th, 1937 to Nov. 13th, 1937
    I last saw him alive on Nov. 13th, 1937; death is said
    to have occurred on the date stated above, at 10 A.M.
    The PRINCIPAL CAUSE OF DEATH and related causes of importance
    were as follows:
    Influenza, Abortion
    Date of onset: Oct. 31, 1937

Other Contributory Causes of importance:
    Cerebral Embolism
    Date: Nov. 13, 1937

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?
    If so, specify
    (Signed)
    M. D. M. H. Emmitt
    (Address) Midland, 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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<td>Peritonitis</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
1. PLACE OF DEATH
   County: Allegany
   Village or City: Emmitsburg
   Length of residence in city or town where death occurred: 073 yrs. mos. ds.

2. FULL NAME: Frances Schrauf
   Residence: No. 331 Ind. St. S., Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5a. Single, married, widowed, or divorced: Widowed

6. DATE OF BIRTH (month, day, year): Apr 24, 1864

7. AGE: 73 yrs. 7 mos. 0 ds.

8. Trade, profession, or particular kind of work done: Housewife
9. Industry or business in which work was done: 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): Emmitsburg, Md.
13. NAME: Henry Schrauf
14. BIRTHPLACE (city or town): Germany
15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town): 116
17. INFORMANT: George B. Schrauf (Address)
18. BURIAL, CREMATION OR REMOVAL: St. Peter's Church 11/29, 1937
19. UNDERTAKER: Conlin's Inc. (Address)

20. FILED: Dec. 9, 1937


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

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

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

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:

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>DEC 6 1937</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5 1927</td>
<td>Peritonitis</td>
<td>3 days ago</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1 1923 |

Example II

<table>
<thead>
<tr>
<th>Other contributory causes of importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
State of Maryland—Certificate of Death

1. Place of Death
   County: Allegany
   Village or City: Cumberland
   Length of residence in city or town where death occurred: yrs. mos. ds.
   Registration Dist. No.: 4
   Ward: 1

2. Full Name: Stillman J. Schur
   Residence: No. 14 Market St., Ward.

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): Nov. 24, 1859

7. Age: Years: 78
   Months: 4
   Days: 5
   If less than 1 day, hours or minutes:

8. Trade, profession, or particular kind of work done: None
9. Industry or business in which work was done: None
10. Date deceased last worked at this occupation (month and year): Nov. 24, 1937
11. Total time (years) spent in this occupation: None

   (State or country): Allegany

13. Name: Lloyd J. Schur
   (State or country): Pennsylvania

15. Maiden Name: Kathryn Smith
   (State or country): Pennsylvania

17. Informant: Lloyd Schur
   (Address): 14 Market St., Ward.

18. Burial, Cremation, or Removal
   Place: Allegany
   Date: Nov. 29, 1937

19. Undertaker: Lloyd Schur
   (Address): 14 Market St., Ward.

20. Filed: Nov. 29, 1937

Medical Certificate of Death

21. Date of Death (Month) Nov. 29 (Day) 29 (Year) 1937

22. I HEREBY CERTIFY that I attended deceased from Nov. 29, 1937 to Nov. 29, 1937, and I last saw him alive on Nov. 29, 1937; death is said to have occurred on the date stated above, at 7 a.m.
   The Principal Cause of Death and related causes of importance as follows:
   Date closest: Nov. 29, 1937
   Other Contributory Causes of Importance:

   Name of operation: None
   Date of:
   What test confirmed diagnosis: Clinical
   Was there an autopsy: Yes

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

   Manner of injury:
   Nature of Injury:

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

   (Signed): Arthur Jones
   (Address): 40 N. Gilbert St.

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

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

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</tr>
<tr>
<td>1915</td>
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<td><strong>Chronic interstitial nephritis</strong></td>
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<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>3 days ago</strong></td>
</tr>
<tr>
<td><strong>Peritonitis</strong></td>
<td><strong>Gastroenteritis</strong></td>
</tr>
<tr>
<td><strong>Gallstones</strong></td>
<td><strong>1 year</strong></td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Registration Dist. No. 4
   Village or City: Cumberland
   Registration Prov. No. 1
   (If death occurred in a hospital or institution, give its NAME instead of street and number).
   Length of residence in city or town where death occurred... yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME
   Alfred Lee Shook
   (a) Residence: No. Rawlings, MD
   (b) Ward. Rawlings, MD
   If U.S. Veteran, specify WAR.
   (Usual place of abode)

   PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Male

4. COLOR OR RACE
   White

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

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

6. DATE OF BIRTH (month, day, and year)
   AUG 3, 1934

7. AGE Years Months Days
   3 3 6

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   Rawlings, MD

13. NAME
   Clarence Shook

14. BIRTHPLACE (city or town)
   Green Ridge, MD

15. MAIDEN NAME
   Evelyn Davis

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

17. INFORMANT (Address)
   Clarence Shook, Rawlings, MD

18. BURIAL, CREMATION, OR REMOVAL
   Place: Rawlings, MD
   Date: Nov 11, 1937

19. UNDERTAKER
   C. S. Beatty

20. FILED
   Nov 10, 1937

21. DATE OF DEATH
   1/8/1937

22. I HEREBY CERTIFY that I attended deceased from
   11-5-27 to 11-8-37
   I last saw him alive on 11-8-37; death is said to have occurred on the date stated above, at 7:45 p.m.

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

   Date of onset

   Other Contributory Causes of importance:

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

23. If death was due to external causes (VIOLENCE) fill in also the following:
   Accident, subject and manner...
   Date of Injury...
   Where did injury occur?
   Rawlings, MD
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

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

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

   (Signed) W. A. Forrest, MD
   Address: Cumberland, MD

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

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

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<th>Principal cause of death and related causes of importance</th>
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<td>Arteriosclerosis</td>
<td>1915</td>
<td>The principal cause of death and related causes of importance were as follows:</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Attack of epilepsy</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Gastroenteritis</td>
</tr>
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**Example II**

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland, MD

2. FULL NAME
   (a) Residence: No. 607 Fayette St., Ward.

3. SEX
   M

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
   MARRIED
   WIFE of
   Husband:

6. DATE OF BIRTH (month, day, and year)
   Nov. 20, 1937

7. AGE
   Years: 24
   Months: 0
   Days: 0

8. TRADE, PROFESSION, OR OCCUPATION
   Promotory

9. KIND OF WORK DONE
   Business name

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
    Date: Nov. 26, 1937

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
    Year: 0

12. BIRTHPLACE (CITY OR TOWN)
    Cumberland

13. NAME
    Reginald D. Smith

14. BIRTHPLACE (CITY OR TOWN)
    Cumberland

15. MAIDEN NAME
    Dorothy Hargis

16. BIRTHPLACE (CITY OR TOWN)
    Cumberland

17. INFORMANT
    J. O. Carroll

18. BURIAL, CREMATION, OR REMOVAL
    Place: Cumberland
    Date: Nov. 26, 1937

19. UNDERTAKER
    J. O. Carroll-Carr

20. FILED
    Nov. 26, 1937

21. DATE OF DEATH
    (Month) 11
    (Day) 24
    Year: 1937

22. I HEREBY CERTIFY, That I attended deceased from
    11/24/37 to 11/27/37
    Last saw deceased alive on 11/24/37
    Death, certified to have occurred on the date stated above, Nov. 26, 1937.
    The principal cause of death and related causes of importance were:
    Pneumonia

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

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

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</tr>
<tr>
<td>1915</td>
<td>1 week ago</td>
</tr>
<tr>
<td>1921</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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<td>Gallstones</td>
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</tbody>
</table>

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

1. PLACE OF DEATH

County: Allegany
Village or City: Cumberland, MD
Hospital: Memorial Hospital

2. FULL NAME

Opel Stewart
Residence: Vindex, Maryland

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

6. DATE OF BIRTH

July 7th, 1913

7. AGE

24 Years
3 Months

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

Housewife

9. OCCUPATION

None

10. DATE DECEASED LAST WORKED

July 7th, 1913

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

None

12. BIRTHPLACE

Maryland

13. NAME

Osburn Tasker

14. BIRTHPLACE

Maryland

15. MAIDEN NAME

Mildred Sweitzer

16. BIRTHPLACE

Maryland

17. INFORMANT

William Stewart

18. BURIAL, CREMATION, OR REMOVAL

Till Garden, w w, Nov 7th, 1937

19. UNDERTAKER

D. J. Sharpless

20. FILED

Nov 5th, 1937

If more blanks are needed, address State Registrar, 201 N. Charles Street, Baltimore, Requesting U. S. No. 1.
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<td>Date of onset: 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>Date of onset: 1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Date of onset: 1927</td>
</tr>
</tbody>
</table>

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

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

1. PLACE OF DEATH

County Allegany
Village or City Miami (Riverside) No. __________________________
Length of residence in city or town where death occurred yrs. mos. ds.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Shapoton Franklin State
(a) Residence: No. ________ St. ________ Ward ________
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) Sept 20, 1937

7. AGE Years Months Days IF LESS than 1 day, ________hrs. or ________ min.

8. Trade, profession, or peculiar kind of work done, as SPINNER.

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Reifel, Md.

13. NAME Harry Franklin State


15. MAIDEN NAME Leah Alvera Banks


18. BURIAL, CREMATION OR REMOVAL

Place Reifel, Md. Date 11/24, 1937

19. UNDERTAKER Harry F. Stetly, attendant


20. FILED Nov 24, 1937 Nina A. Stetly

REGISTRAR

21. DATE OF DEATH Nov 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

I attended to have occurred on the date stated above, at

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

Pneumonia

23. Other Contributory Cause of Importance:

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

If so, specify

Address

Register

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

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthensia, 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>RECEIVED 1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>DEC 8 1937</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Example II

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

Other contributory causes of importance:

| Gastroenteritis | 1 year |

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

1. PLACE OF DEATH
   - County: Allegany County
   - Village or City: Cumberland, Maryland
   - Hospital: Memorial Hospital
   - Length of residence: yrs. mos. ds.

2. FULL NAME: Jacob Stump
   - Residence: Oakland, Maryland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
   - If married, widowed, or divorced: HUSBAND of
     - Name: Mary Calhoun

6. DATE OF BIRTH: January 25, 1857
7. AGE: 80 yrs. 10 mos. 1 ds.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK: Unable to work
9. OCCUPATION: Unable to work
10. DATE DECEASED LAST WORKED: this occupation
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 11 yrs.
12. BIRTHPLACE: West Virginia
13. NAME: John Stump
14. BIRTHPLACE: Ohio
15. MAIDEN NAME: Mary Calhoun
16. BIRTHPLACE: Maryland
17. INFORMANT: Memorial Hospital
18. BURIAL, CREMATION, OR REMOVAL: Dr. F. Wilson
19. UNDERTAKER: Community Mortuary
20. FILED: Nov 26, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: November 26, 1937

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM: 11-13-37 TO: 11-26-37
   - Last saw him/herself alive on: 11-25-37
   - Death is said to have occurred on the date stated above, at 7:45 a.m.
   - The principal cause of death and related causes of importance were as follows:
     - Cause of death: Pulmonary Emphysema
     - Date of onset: Dec 1936
     - Other contributory causes of importance: Heart Disease

23. If death was due to external causes (violence), fill in also the following:
   - Accident, suicide, or homicide: Date of Injury: 1937
     - Where did injury occur? (Specify city or town, county, and State)
     - Specify whether injury occurred in industry, in home, or in public place:
       - Manner of injury:
       - Nature of injury:

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

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

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

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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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<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>DEC 6, 1927</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
County Allegany
Village or City Westminster
(WITHIN CORPORATE LIMITS OF
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. Westernport, Allegany
       St., Ward.
       (Under place of abode)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX W
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (under the word)
   MARRIED

6. DATE OF BIRTH (month, day, and year) 11/27/37
7. AGE Years Months Days IF LESS than I day, the hrs. or . . . . min.

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

9. Date deceased last worked at this occupation
   Check

10. Date decease died at this occupation
11. Total time (years) spent in this occupation

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

13. NAME Thomas A. Deebworth
14. BIRTHPLACE (city or town): Westernport, Allegany
    (State or country)

15. MAIDEN NAME Thelma Suegard
16. BIRTHPLACE (city or town) Westernport, Allegany
    (State or country)

17. INFORMANT
    Thos. A. Deebworth

18. BURIAL, CREMATION, OR REMOVAL
    Place (Specify city or town, county and State)
    Date Middletown, Allegany

19. UNDERTAKER
    W. H. Felded.

20. FILED Nov. 22, 1937

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
   Nov. 22, 1937

   I last saw him alive on Nov. 22, 1937; death is said to have occurred on the date stated above, at 5 p.m.
   The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
   Premature

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

   Accident, suicide, or homicide? Date of Injury 19...
   Where did injury occur? (Specify city or town, county and State)
   Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE
   Manner of injury
   Nature of Injury

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

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.

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

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Example II</th>
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<tbody>
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</tr>
<tr>
<td><strong>Arteriosclerosis</strong></td>
<td><strong>Attack of epilepsy</strong></td>
</tr>
<tr>
<td>Date of onset: 1915</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td><strong>Chronic interstitial nephritis</strong></td>
<td><strong>Run over by street car</strong></td>
</tr>
<tr>
<td>Date of onset: 1921</td>
<td>Date of onset: 1 week ago</td>
</tr>
<tr>
<td><strong>Cerebral hemorrhage</strong></td>
<td><strong>Peritonitis</strong></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:

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

**Additional space for further statements by physician**

---

...
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   Registration Dist. No. 9
   (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
   Name: Nathalie Regina Hooper
   Residence: No. 950, Baltimore, Ward.
   If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Sex: Female

4. COLOR OR RACE
   Color: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (restate the word)
   Status: widow

5a. If married, widowed, or divorced
      HUSBAND OR (or) WIFE of
      Name: Ross Hooper

6. DATE OF BIRTH (month, day, and year)
   Date: Sept 30, 1899

7. AGE
   Years: 38
   Months: 2
   Days: 0

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

9. Industry or business in which work was done
   Industry: Homemaker

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

11. Total time (years) spent in this occupation
    Time: N/A

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

13. NAME
    Father: Joseph Durel

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

15. MAIDEN NAME
    Name: Estella Athanas

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

17. INFORMANT
    Name: Ross Hooper
    Address: Cumberland

18. BURIAL, CREMATION, OR REMOVAL
    Place: N/A
    Date: Dec 3, 1937

19. UNDERTAKER
    Name: J.B. Lamb
    Address: Cumberland

20. FILED
    Date: Dec 3, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    Month: 30
    Day: 20
    Year: 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1937, to Dec 3, 1937
    I certify that deceased was alive on Nov 27, 1937, and that he died on Dec 3, 1937.

23. The principal cause of death and related causes of importance were as follows:
    Cause: Influenza
    Date of onset: Dec 22, 1937

Other Contributory Causes of Importance:

24. Manner of death:
    Nature of injury:

25. Accident, suicide, or homicide?: N/A
    Date of injury: N/A
    Where injury occurred: N/A
    Specified city or town, county, and State: N/A

26. Disease or injury in any way related to occupation of deceased?
    If so, specify:
    (Signed) William Hooper, M.D.
    Address: N/A

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

Other contributory causes of importance:

| Gallstones | May 1, 1923 |

Other contributory causes of importance:

| Gastroenteritis | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. PLACE OF DEATH
- County: Allegany
- Village or City: Cumberland
- Registration Dist. No.: 1
- St. & Ward: St. 2 - Ward

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

2. FULL NAME: Martha Zippeng
- Residence: No. 11 Boone St., Cumberland
- Usual place of business: Ward.

3. SEX: Female
4. COLOR OR RACE: White
5. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6. DATE OF BIRTH: Aug. 7, 1856
7. AGE: 81 yrs. 2 mos. 1 day
8. TENURE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWER, BOOKKEEPER, ETC.: Housewife

9. OCCUPATION: Housewife

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

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

12. BIRTHPLACE (CITY OR TOWN): Mt. Savage
   (State or country): Maryland
13. NAME: Patrick Rooney
14. BIRTHPLACE (CITY OR TOWN): Ireland
   (State or country): Ireland
15. MAIDEN NAME: Margaret Rooney
16. BIRTHPLACE (CITY OR TOWN): Ireland
   (State or country): Ireland
17. INFORMANT: George Zippeng, M.D.
18. BURIAL, CREMATION, OR REMOVAL: St. Michael's Church
   Date: Dec. 19, 1937
19. UNDERTAKER: J. L. Dupont
20. FILED: 11-19-37

REGISTRATION DISTRICT NO. 1

STATE OF MARYLAND—CERTIFICATE 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

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

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

Other contributory causes of importance:

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

Example II

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

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

Other contributory causes of importance:

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

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

1. PLACE OF DEATH
   County Allegany
   Village or City Cumberland
   Registration Dist. No.
   No. 4, 312 St. 1-3 rubric
   Ward
   Length of residence in city or town where death occurred yrs. mos. ds.
   How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME George Patrick Tramm
   If U. S. Veteran, specify WAR
   Residence: No. 4, 312 St. 1-3 rubric
   St.
   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
   Single

6. DATE OF BIRTH (month, day, and year) Unknown-1903

7. AGE Years 34
   Months
   Days
   If LESS than 1 day, hrs. or. min.

8. OCCUPATION Tape driver

9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.

10. Date deceased last worked at this occupation (month and year) 11-36

11. Total time (years) spent in this occupation

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

13. NAME Patrick D. Tramm
    (Father)

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

15. MAIDEN NAME Mary E. Sandman
    (Mother)

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

17. INFORMANT Patrick Tramm
    (Address)

18. BURIAL, CREMATION, OR REMOVAL
    Place Allegany, Date Nov 20, 1937

19. UNDERTAKER
    (Address)

20. FILED Nov. 20, 1937
    Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11-12 F 1937

22. I HEREBY CERTIFY That I attended deceased from
    11-12 F 1937 to 11-12 F 1937
    to have occurred on the date stated above, at 6 am.

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

    Date of onset

    Other Contributory Causes of importance:

    Name of operation
    Date of
    What test confirmed diagnosis?
    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 11-12 F 1937
    Where did injury occur?
    (Specify city or town, county and State)
    Specify whether injury occurred in INDUSTRY, IN HOME, OR IN PUBLIC PLACE.

    Manner of Injury
    Nature of Injury

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

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

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

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

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

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

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

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, 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>Cause</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 5, 1927</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

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

Example II

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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<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</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>1 year</td>
</tr>
</tbody>
</table>
**STATE OF MARYLAND—CERTIFICATE OF DEATH**

1. **PLACE OF DEATH**
   - County: Allegany
   - Village or City: Cumberland
   - Registration Dist. No.: 4
   - No. 20 West First St. St., 6-2, Ward: 6
   - Length of residence in city or town where death occurred: 9 yrs. mos. ds.
   - How long in U.S. if of foreign birth?: yrs. mos. ds.

2. **FULL NAME**
   - James John Trigg
   - Residence No.: 20 West First St.
   - If U.S. Veteran, specify WAR: 
   - (Usual place of abode)

3. **SEX**
   - Male
   - If married, widowed, or divorced: Married

4. **COLOR OR RACE**
   - White

5. **DATE OF DEATH**
   - November 28, 1937

6. **DATE OF BIRTH**
   - May 6, 1853

7. **AGE**
   - 84 yrs. 8 months 22 days

8. **OCCUPATION**
   - Farmer, miller

9. **PRINCIPAL CAUSE OF DEATH**
   - Chronic Nephritis
   - Chronic Myocarditis

10. **OTHER CONTRIBUTORY CAUSES OF DEATH**
    - Arteriosclerosis

11. **BURIAL, CREMATION, OR REMOVAL**
    - Place: Cumberland
    - Date: Nov. 30, 1937

12. **FILED**
    - Nov. 30, 1937
    - Registrar: 213 Virginia Ave., Cumberland

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

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

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

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

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

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

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

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<tr>
<th>Example I</th>
<th>Example II</th>
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<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Other contributory causes of importance:</td>
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</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
</tbody>
</table>

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

1. PLACE OF DEATH
   County: Allegany
   Village or City: Green Ridge
   Registration Dist. No.: 1

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

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

6. DATE OF BIRTH (month, day, and year): Nov. 24, 1937
7. AGE: 0 0 0
   If LESS than 1 day, ___ hrs. or ___ min.

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

12. BIRTHPLACE (city or town): Maryland
   (State or country): Maryland
13. NAME: Joseph L. Wallizer
14. BIRTHPLACE (city or town): Maryland
   (State or country): Maryland
15. MAIDEN NAME: Edna M. Weiner
16. BIRTHPLACE (city or town): Maryland
   (State or country): Maryland
17. INFORMANT (Address): Joseph L. Wallizer
18. BURIAL, CREMATION, OR REMOVAL
   Place: Green Ridge
   Date: Nov. 24, 1937
19. UNDERTAKER (Address): Joseph L. Wallizer
20. FILED: Nov. 24, 1937

21. DATE OF DEATH
   (Month): 11
   (Day): 24
   (Year): 1937

22. I HEREBY CERTIFY, That I attended deceased from ________ to ________.
    I cert. ____________ years old, on ________ date of death, ________ death did occur on the date stated above, et. ________
    The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
    STILL BORN
    Premature

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 whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
   Manner of injury:
   Nature of injury:

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

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

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<td>Chronic interstitial nephritis</td>
<td>Run over by street car</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Date of onset</th>
<th>Date of onset</th>
</tr>
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<tbody>
<tr>
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<td>1915</td>
<td>1 week ago</td>
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<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
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<td>Gastroenteritis</td>
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<table>
<thead>
<tr>
<th></th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallstones</td>
<td>May 1, 1923</td>
</tr>
</tbody>
</table>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

...
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Allegany

Village or City: Middletown

2. FULL NAME

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

3. SEX

M

4. COLOR OR RACE

W

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

W

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

Nov. 8, 1937

7. AGE

Years Months Days

1

8. Trade, profession, or particular kind of work done, as SPINNER, SAINTER, 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)

Allengeny, A. Ind.

13. NAME

Ira Islander Atkins

14. BIRTHPLACE (city or town)

Steptoeville, Ia.

15. MAIDEN NAME

Pearl Islander Atkins

16. BIRTHPLACE (city or town)

Amherst, Massachusetts

17. INFORMANT (Name)

Roma Atkins

18. BURIAL, CREMATION, OR REMOVAL

Place: White Oak Co. Date: 11-15-19, 29

19. UNDERTAKER (Address)

H. J. Fassnacht

20. FILED

11-15-19, 29

21. DATE OF DEATH

(Month) 11

(Year) 1937

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

I last saw him alive on 19, 19, 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:

Date of onset

Cause of death

Other Contributory Causes of importance:

Hydrocephalus of mother

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.

If more blanks are needed, address State Registrar, 222 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>DEC 3 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>

**Example II**

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

**Other contributory causes of importance:**

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

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

1. PLACE OF DEATH
   County Allegany County
   Village or City Cumberland, Maryland
   No. Memorial Hospital St. 6-6 Ward
   Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME John Wentling
   Residence: No. R.F.D. #2
   (Usual place of abode)
   If U. S. Veteran, specify WAR

3. SEX Male
   COLOR OR RACE White
   SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
   (HUSBAND OF (or) WIFE OF)
   Adeline Young

4. DATE OF BIRTH May 19, 1876
   AGE Years 55
   Months 0
   Days 16
   If LESS than 1 day, hrs. or... min.

5. OCCUPATION Carpenter
   General

6. DATE DECEASED last worked at this occupation (month and year) 1936
   Total time (years) spent in this occupation 4.2 yrs

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

8. NAME John Wentling
   (Father)

9. BIRTHPLACE (city or town) Penna.
   (State or country)

10. MAIDEN NAME Emile McElfish
    (Mother)

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

12. INFORMANT Memorial Hospital
    (Address)

13. BURIAL CREMATION, OR REMOVAL
    (Specify city or town, county and State)

14. UNDERTAKER
    (Signed)

15. FILED
    (Address)

16. MEDICAL CERTIFICATE OF DEATH
    I HEREBY CERTIFY, That I attended deceased from
    Nov 2, 1937, to Nov 5, 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:
    Date of onset
    Other Contributory Causes of importance:

    Name of operation
    What test confirmed diagnosis?
    Was there an autopsy? No

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

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

Dr. Hodges, Jr.

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

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

1. PLACE OF DEATH

County Allegany
Village or City Cumberland
No. 30 E. Lee
Registration Dist. No. 1
(Ward)
Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence No. 30 E. Lee
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

5. If married, widowed, or divorced

5a. HUSBAND of

V. H. Williams

5b. If husband or wife of

Richard Williams

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

June 1, 1861

7. AGE

Years 57

Months 6

Days 17

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)

II. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Death

Date

19. UNDERTAKER

Address

20. FILED

Nov. 15, 1937

21. DATE OF DEATH

Nov. 13

1937

22.

I HEREBY CERTIFY that I attended deceased from

Aug. 25, 1937, to Nov. 13, 1937, and that death occurred on the date stated above, at 9 o'clock a.m.

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

Chronic Myocarditis

Other Contributory Causes of importance:

Anemia

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

Accident, suicide, or homicide?

Where did injury occur?

Manner of injury

Nature of injury

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

If so, specify

(Signed)

Register.

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

<table>
<thead>
<tr>
<th>Example I</th>
<th>Date of onset</th>
<th>Example II</th>
<th>Date of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td></td>
<td>The principal cause of death and related causes of importance were as follows:</td>
<td></td>
</tr>
<tr>
<td>Arteriosclerosis</td>
<td>1915</td>
<td>Attack of epilepsy</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Chronic interstitial nephritis</td>
<td>1921</td>
<td>Run over by street car</td>
<td>1 week ago</td>
</tr>
<tr>
<td>Cerebral hemorrhage</td>
<td>July 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
STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH
   County: Allegany
   Village or City: Cumberland
   No.: 404 Washington St.
   Registration Dist. No.: 7
   Ward: 2
   Length of residence in city or town where death occurred: 60 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. 404 Washington St., Ward.
   If U. S. Veteran, specify WAR:
   Usual place of abode:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
   Female

4. COLOR OR RACE
   White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
   Widowed

6. DATE OF BIRTH
   (month, day, and year) July 31, 1855

7. AGE
   Years: 85
   Months: 3
   Days: 3

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

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

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

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

13. NAME
    Mother: Mrs. M. C. Armstrong

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

15. MAIDEN NAME
    Jane Rose

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

17. INFORMANT (Address)
    Mother's sister: Mary Miller, Cumberland, MD

18. BURIAL, CREMATION, OR REMOVAL
    Place: Iowa City
    Date: Nov. 26, 1937

19. UNDERTAKER
    Address: Cumberland, MD

20. FILED
    Date: Mar. 31, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
    (Month) 11
    (Day) 24
    (Year) 1937

22. I HEREBY CERTIFY, That I attended deceased from
    10-12, 1937
    11-24, 1937
    12-14, 1937
    I last saw
    The principal cause of death and related causes of importance were as follows:
    Anterior circulation of the brain

Other Contributory Causes of importance:

Name of operation:
What test confirmed diagnosis? Was there any autopsy? No.

23. If death was due to external causes (VIOLANCE) fill in also the following:
    Accident, suicide, or homicide?
    Date of Injury
    Where did injury occur?
    Specify 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
    Name of Employer (Address)
    Signed
    (Address)
    Registrar

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

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:

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>DEC 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:

Gallstones | May 1, 1923

Example II

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

Other contributory causes of importance:

Gastroenteritis | 1 year

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

1. PLACE OF DEATH

County: Allegany
Village or City: Frostburg, Md.
Registration Dist. No.: 9
No. Wards: [Blank]
Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

Mary C. Witt
(a) Residence: No.
Husband of: George C. Witt
(if death occurred in a hospital or institution, give its NAME instead of street and number)
If U.S. Veteran, specify WAR:

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

21. DATE OF DEATH

11
1937
(Month)
(Day)
(Year)

MEDICAL CERTIFICATE OF DEATH

22. HEREBY CERTIFY. That I attended deceased from

OCT 1, 1937, to NOV 11, 1937
I last saw him alive on NOV 10, 1937, death is said
to have occurred on the date stated above, in his home.
The principal cause of death and related causes of importance
are as follows:

Infection following abortion
Peritonitis

Date of onset: Dec 3, 1937

Other Contributory Cause of importance:

Subcutaneous Meningitis
Nov 8, 1937

Name of operation: Clinical
What last 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: 1937
Where did injury occur?

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

Menbran of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
Signed: W. V. B. Little, M.D.
(Address): Frostburg, Md.
United States Standard Certificate of Death

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

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

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

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<th>Example II</th>
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<td>The principal cause of death</td>
<td>1915</td>
<td>The principal cause of death</td>
<td>1 week ago</td>
</tr>
<tr>
<td>and related causes of</td>
<td></td>
<td>of importance were as follows:</td>
<td></td>
</tr>
<tr>
<td>importance were as follows:</td>
<td></td>
<td>Arteriosclerosis</td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chronic interstitial nephritis.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1923</td>
<td>Cerebral hemorrhage</td>
<td>1 week ago</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 days ago</td>
</tr>
<tr>
<td>Other contributory causes of</td>
<td>May 1, 1923</td>
<td>Other contributory causes of</td>
<td>1 year</td>
</tr>
<tr>
<td>importance:</td>
<td></td>
<td>importance:</td>
<td></td>
</tr>
<tr>
<td>Gallstones</td>
<td></td>
<td>Gastroenteritis</td>
<td></td>
</tr>
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</table>

Additional Space for Further Statements by Physician
STATE OF MARYLAND—CERTIFICATE OF DEATH

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

2. FULL NAME: Infant Judy
   Residence: No. 318 W. 9th St.

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

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

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

7. AGE: Stillborn

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

9. OCCUPATION: Infant

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

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: 0

12. BIRTHPLACE (CITY OR TOWN): Cumberland

13. NAME: Infant Judy

14. BIRTHPLACE (CITY OR TOWN): Cumberland

15. MAIDEN NAME: Edith Minard

16. BIRTHPLACE (CITY OR TOWN): Cumberland

17. INFORMANT: Henry Judy

18. BURIAL, CREMATION, OR REMOVAL: In mass grave

19. UNDERTAKER: Henry Judy

20. FILED: Oct 17, 1937

21. DATE OF DEATH: Nov 11 1937

22. HEREBY CERTIFY: Infant Judy, born Nov 11 1937, was alive on Nov 11, 1937, and died on Nov 11, 1937, at 17 years of age, in the Town of Cumberland, in the County of Allegany, in the State of Maryland. The principal cause of death was: stillborn.

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

Registrar: [Signature]

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<td>Run over by street car</td>
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<td>Cerebral hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date of onset</td>
</tr>
<tr>
<td>1916</td>
<td>1 week ago</td>
</tr>
<tr>
<td>DEC 6 1937</td>
<td>1 week ago</td>
</tr>
<tr>
<td>July 5, 1927</td>
<td>3 days ago</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Date of onset</td>
<td></td>
</tr>
<tr>
<td>May 1, 1923</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN