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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Swantune 18	Registration Dist. No. St.: Ward) St.: Ward) St.: Ward) St.: Ward) St.: Ward a hospile or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule WALL OR DIVORGED (Write the word)	16 BATE OF DEATH MA (Month) 31 (Day) 17 I HEREBY CERTIFY That I attended decoased from
DATE OF BIRTH (Month) (Day) 1854	191 , to
7 AGE If LESS than 1 day, hrs. or min. 7	and that death occurred on the date stated above, at / Protection of DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which ampleyed (ar employer) BIRTHPLACE (State or country)	Contributory - Secondary
OF TATHER CONTROL TRECTMENT TO THE PROPERTY OF TATHER CONTROL TO THE PROPERTY OF THE PROPERTY	*State the Dismann or Indone (2) whether Accommendation of House Accommendation of House Accommendation of House Accommendation of House and (2) whether Accommendation of House and (3) whether Accommendation of House and (4) whether Accommendation of the Acc
of MOTHER OF COLLEGE CO THE COLLEGE CO THE COLLEGE COL	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEM OR RECENT RESIDENTS) Al place in the state, pre nos
(Informant) O. C. ALLENSE	These are disease contracted. If not about on death ? Former or water rouldence
16 Parent 1 1919 hurs Ca Ashing	Nesth Glade Sure 1, 1419. 20 UNDERTAKER ADDRESS ADDRESS

Approved by U. S. Gensus and American Public Health Assectation.

state occupation at beginning of illness. mill; (a) Salesman, (b) tracery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Caril engineer, Stationary fireman, etc. But its many esses, especially in industrial effiployments, it is necessary to business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid liousckeepers mobile fuctory. The material worked on may form part Housemaid, etc. precise specification as Day laborer, Farm Inharer, Loborer "Foreman," "Manager," "Peaker, of the second statement is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question For persons who have no occupation whatever If the occupation has been changed Women at home, who are engaged in Never return 210 If retired from without more "Laborer," (b) Auto-

CAUSING DEATH (the primary affection with respect to spinal meningitis"); Diphtheria (avoid use of "Croup"); unqualified, tfeer (the only definite synonym is "Epidemio cerebrotime and causation), Statement of Cause of Beath-Name, first, the DISHASS for the same disease. Differential of fener indefinite); Tuberculosis of lungs, menin-(never report "Typhoid Bronchopneumonia ("Pneumonia, using always the same accepted Examples: photomonia Cerebrospinal

> head-homicid. Postoned by corbolic acid-probably on statement of cause of death approved by Committee under the head of "Contributory." and emsequences (e. g., nepsia, televina) may be stated surcidal, of nonternal, of as probably such, if impossible surgical operation was undertaken. For violent pratis-"PURRPERAL perdonidia," etc. birth or miscarrage etc., when a definite disease can be ascertained as the mus," "Old Age," "Anaemia" (merely symptomatic), "Atrophy," hapse," "Coma," "Convulsions," "Debility" chopumentumia (secondary), 10 ds. "Tumor" for malgnant neopheros); Messles, Whoeping Struck to determine definitely. Examples: state means or injury and qualify as accidental, "Heart Indure. genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, reat) affection need not be stated unless unportant nephratic, etc. cough: Chronic (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Extuple Nomenclature of the American Medical Association.) by railway train-accident. Always qualify all diseases resulting from child-Metales (disease musing death), 29 da., "Hemorrhage, "Juantion," Mara-The contributory (secondary or intercursubsider heart disease, Chronic interstitud 200 "PUERPERAL arplichermia," by corbelic and-probably "Dropsy." State cause for which Accidental drowning Never report mere (Recommendations Bencher wanted of "Exhaustion, ("Cun-



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PHYSICIANS

' PLACE OF DEATH

County Gorres 0684	3 (CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) [If death occurred in
* FULL NAME Stello Eliza Bear	a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH May (Month) (Day) (Year)
Dec 28 1900 (Month) (Day)	that I last saw her alive on The 30, 1919.
7 AGE If LESS than 1 day, hrs. OR min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as Tollows:
Objectional kind of work (B) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Mod Jennes C	Contributory Least Portegare Secondary (Suralian) 175, mee 61
10 NAME OF FATHER Way mon Beaking 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	State the Displace Causing Drate, or, in deaths from Violent Causes, state (1) Mrans of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Grace While 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos
(Interment) South Box Con (Address) Cord was my anowhere	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DAYE OF BURIAL
Hellay 2, 191 9 July a Nowan FEGIR MAR W more blanks are needed, address State Registrar.	20 UNDERTAKER ADDRESS OUTFLEE OF W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

Approved by U. S. Geneus and American Public Health
Association.

or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid housekeepers precise specification as Day labore. Form labore, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Fresher etc. without more mill, (a) Salesman. (b) meery: (a) Foreman, especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolise engineer, Civil ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housemobile Jactory. only when needed As examples. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e.g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mane, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever The material : Womer at home, who are engaged in oried or may form part a) Spinner, (b) Collon If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar provenonia. Bronchopneumonia ("Pneumonia," nequalified, is indefinite); Tuberculosis of lungs, menin

genital," on statement of cause of death approved by Committee mus," "Old Age," "Shock," "Ur-min," "Weekness cough, Chronic saleular heset disease, Chronic interstitid "Tumor" for malignant neoplasms); Meades, Wheeping gen, perilanaeum, eta., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., segmis, letowns) may be stated anicide. The nature of the injury, as fracture of skull Struck by railway train-accident, Resolver SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible surgical operation was undertaken. For violent oratios "PURRPRIMAL persionities," etc. "Heart failure," "H. emorrhage," "Inanation," "Nara-"Anaemin" symptoms or terminal conditions, such as "Asthenia," mephrida, etc. (name origin; "Cafeer" is less definite; avoid use of head-homicide; Pottoned to determine definitely. Examples Arcidental drowning state MEANS OF INJUST and qualify as birth or miscarriage as "Princepana, acritchesmia," etc., when a definite disease can be assertained as the "nedm chopneumonia (secondary), 10 da. Example: Measles (disease esusing death), 29 da., rent) affection need out be stated unless important Always qualify all diseases resulting from child-"Coma," "Senile," ma," "Convulsions," "Debility" The contributory (secondary or intereuretc.), Nig "Eropse." carbolic acad-Nate cause for which Never report mere (Recommendations "Exhibition." TVLN3GLADY in Interest -probably -the () ... (Bron-

If the certificate is booked over thoroughly and all quose tions answered in detail, it will prevent further excresponds ence. All the data is essential and must be obtained before the certificate is permanently filed.

BURGAU V. S.

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1 PLACE OF DEATH	STATE OF MARYLAND
County Mary Mary Mary Mary Mary Mary Mary Mar	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Value No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	St.; Ward) [If death occurred in a huspital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX' 4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH May (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw have alive on a free 15, 1919,
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at ASAm. The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trade, profession, or garticular kind of work (b) General nature of industry	Mitrae in Sifficing
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Dhewalize alacar Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 4	*State the Dignase Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds. State,yrsmosds. Where was disease contracted,
(Informant)	If not at piece of death?
(Address 4) The new 3 1919 Juliu Paurum Registrar,	DATE OF BURIAL OR REMOVAL DATE OF BURIAL ON HOLD AND ADDRESS W. Saratoga St., Batto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

пеав write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the mismass causing nears, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gunfully who receive a definite salary), may be entered to Housethe duties of the household only (not paid Househopers precise specification as Day Inborer, Form laborer, Luberer of the second statement. Never return "Laborer," "Forecass," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part will; (a) Salesman, (b) Gracery; (a) Poreman, only when needed. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary Jacanan, sie, cian, Compositor, Architect, first line will be sufficient, c. g., Furmer or Planter, Physiapplies to each and every person, arespective of age. tion is very important, so that the relative healthfulemployed, as At school or At lume. Care should be Coul mine, etc. Statement of Occupation-Precise statement of occupa-Attribut various pursuits can be known. The question For persons who have no occupation whatever, occupations a single word or term on the If the occupation has been changed Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return "Laborer, Locomotive engineer, But in many If retired from (b) Audo Cint

Statement of Cause of Beath—Name, first, the Diseases causing dearest (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitul feter (the only definite synonym is "Epidemic cerebrospitul meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-

gonital," stitudal, or homethal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: cause. Always qualify all diseases resulting from childges, perilonarum, etc., Carcinoma, Sarcona, etc., of. . . on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory," (Recommendations and consequences (e. g., sepata, tetamas) may be stated houd-hamicide; Poisoned by Struck by railway train-accidents state MEANS OF DUTIES and qualify as surgical operation was underthlem. For violent DEATHS "PURRPERAL perlimitis," etc. TILLIN cto,, when a definite diverse can be ascertained as the "Heart fallure," "Hacrocritage," "Inantition," "Maras-mus," "Old Age," "Shook," "Ursemis," "Weskness," lapno, "Annomia" symptoms or terminal conditions, such as "Asthenia, chojmennman (meanthry), 10 da. Never report mere rent) affection nephritis, etc. cough; Chronic valeular heart disease; Chronic intentifial "Tumor" for malignant neoplasms); Mondes; Whosping (name origin; "Cancer" is less definite; avoid use of suicide. The nature of the injury, as fracture of skull Example: Measles (disease omning death), 29 da; Bronor miscarriage as "Tunnennal septichaemia," "Coma," "Sonife," otc.), (merely symptomatio), "Atrophy," The contributory (secondary or intereurneed not be stated unless important "Convulsions," "Dropey," carbaltic acid-probably State cause for which "Debility" Repoteer "Exhaustion, ACCIDENTAL, mound ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is countful and must be obtained before the certificate is permanently filed.

BUREAU V. S.

Every itom of Information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statents of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING d FOR 2 THIS ESERVED INK UNFADING WIN MARGIN PLAINLY, WRITE

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V. 8.

County	or City Manuel Baby &	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 6.7 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That attended deceased from
6 DATI	E OF BIRTH	muy 5 ,1919 to May 5 ,1919,
7 AGE	(Month) (Day) , 1/(Vea/)	that I last saw he alive on my 5
	trs mas ds OR min.?	The CAUSE OF DEATH * was as follows:
1 7 (3)	UPATION Trade, profession, or	fremature Buth
1 3	General nature of Industry	(alrust 7 mosslus)
busin	iess, or establishment in hemployer)	(Ouration) yrs mos ds,
Total management	THPLACE State or country) Maryland -	Contributory Secondary (Buration), yrs. mas. de.
	FATHER OLYAL S Downey	(Signed) Clerre M. C.
Z W	OF FATHER (State or country) Henry Wyla	State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
-	OF MOTHER Pline Bray	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State of Sounity) Materially 2008	At place in the of death yrs. mes. ds. State, yrs. mes. ds.
	e ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
15	(sacress) Kenylan with	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Than Cem, May G., 101.7
Filed	May C" , 1919 I. W. Abernathy	F. C. Hollman Thomas W. Br.
1	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, business, that fact may be indicated thus: Farmer (retired who receive a definite salary), may be entered as Houseprecise specification as Day loborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) (rocery; (a) Foreman, engineer, Stationary fireman, etc. applies to each and every person, irrespective of age ness of various pursuits can be known. The question write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers business or industry, and know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever If the occupation has been changed Women at home, who are engaged in therefore an additional line Locomotive engineer, But in many cases, If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," ctc. cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Astlienia," Example: Measles (disease causing death), 29 da., Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic mental and ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of..... anacide. head-homicide; Poisoned by carbolic acid-probably Struck by etc., when a definite disease can be ascertained as the "Heart failure," "H-emorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. rent) affection need not be stated unless important "Tumor" for malignant ncoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as The nature of the injury, as fracture of skull "Senile," etc.), railway train-accident; The contributory (secondary or interest "PUERPERAL "Dropsy," State cause for which Never report mere Revolucy wound "Exhaustion," septichaemia," ACCIDENTAL

Fig. certificate is looked over thoroughly and all questions to be detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B. A. D. F. B. OF I STORY B. W. B.

M Z PLACE OF DEATH

County Service (1)	CERTIFICATE OF DEATH/ Registration Dist. No
* FULL NAME Asses Surg	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
THE WAR (WING THE BENDER)	May (th. 1919. (Month) (Day) (Year)
6 DATE OF BIRTH ALS 24 1960 (Year)	Afric 30th 1919 to May 6th 1919. that I last saw h M alive on May 6th 1919.
7 AGE If LESS than	and that death occurred on the date stated above, at 8 5 m.
yrs	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profassion, or	
particular kind of work (b) General nature of industry business, or establishment in which amployed (or employer)	(Buration) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER O 11 BIRTHELACE	(Signed) Threstian) yrs mas ds. (Signed) May 7th 1819 (Address) A Chilach Ind
U 11 BIRTHELACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. SUICIDAL OF HOMICIDAL. SUICIDAL OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
a. 13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS in the state,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease centracted. If not at place of death? Fermar or waust residence
15 Many 191 Aulia Kowan	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
REGISTRAR	DE Beld Ralland
If more blanks are needed address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1

STATE OF MADVIAND

(Approved by U. S. Grosus and American Public Health Association:

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, the duties of the household only (not paid Housekeepers cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager. of the second statement mobile factory. The naterial worked on may form part mill; (a) Salesman. (b) (rocery: (a) Foreman. only when needed. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter. Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, As examples: (a) Spinner, (b) Colton · · · Disher At home. Care should be Never return ote. without more If retired from "Laborer," (b) Aulo-

Statement of Cause of Death—Name, first, the Distance Cause of Death—Name, first, the Distance Cause of Death—Name, first, the Distance Cause of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cordinospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Epihoid fewer (never report "Typhoid paeumonia"); Labort proposession branchopseumonia ("Preumonia," industified, is indefinite); Tuberculostis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned eause. on Nomenclature of the American Medical Association.) Struck by railway troin—accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as accidental, surgical operation was undertaken. For violent Deaths "PUERPERAL perilonitis," etc. State cause for which birth or misearriage as "PUBRPERAL seplichorma." mus," "Old Age," "Shock," "Urannia," "Weakhers. genital," "Senile," to determine definitely. Examples: Accidental drowning. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaminion," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvulor heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Wheoping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercuretc.), by carbolic and-probably "Dropsy," "Exhaustion, report mere

BUREAU V. S.

N B. Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be proporly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

PLACE OF DEATH		and	STATE OF MAI	RYLAND
· Gine	8	0	CERTIFICATE O	F DEATH / /
County	No нерован в од в полици	06847	Registration Dis	L No. / 66
Village or City My	(No,	1 0	St.;Ward)	[If death occurred to a hospital or Institution, give its NAME instead of street and number.]
2 FULL NAME	ence ple	eller E	ly	
PERSONAL AND ST	ATISTICAL PARTICULARS	IV	TEDICAL CERTIFICATE	F DEATH
SEX 4 COLOR OR R.	MARRIED WIDOWED OR DIVORCED	18 DATE OF DE	Month (Month)	(Day) (Year)
6 DATE OF BIRTH		203 april	18, 1919, to Ma	ey 4 de , 1919
7 AGE	It LES	S than and that deat	h occurred on the date st	1 1 1
16 yrs. 8	2 mos 13 cs. or		F DEATH # was as follow	
B OCCUPATION (a) Trade, profession, or particular kind of work	un mais			· · · · · · · · · · · · · · · · · · ·
(b) General nature of industry business, or establishment in		\$40 H00000000000000000000000000000000000	(Buralion)	
which employed (or employer) BIRTHPLACE (State or country)		Contribute	ory	
10 NAME OF FATHER	1 HALL	(Signed)	1 M. Paux	178 1108 g
OF FATHER (State or country) 12 MAIDEN NAME	Zi Cang	*State of CAUSES, sta	the Dispase Causing Drath, or to (1) Means of Injury; and Homicidal.	, in deaths from VIOLENT (2) whether ACCIDENTAL,
of MOTHER	lia A Box	18 LENGTH OF OR RECENT F	RESIDENCE (FOR HOSPITALS,	INSTITUTIONS, TRANSIEI
of MOTHER (State or country)	Ze	At place	In the s,mes,ds. Slat	a,yrsmos
14 THE ABOVE IS TRUE TO TH	E BEST OF MY KNOWLEDGE	If not at place of Former or	death ?	
(Address) Zne	Harry M	19 PLACE OF	BURIAL OR REMOVAL	MATE OF BURYL
France 6 1119	July Kou	an 20 UNDERTAL	ER	ADDRESS
	blanks are needed, address State R	TRAIL OF	Melsher	Caleton.

[Approved by U. S. Cennus and American Public Health American)

write None. state occupation at beginning of illness. Housemoid, etc. If the occupation has been changed or given up on account of the MEXAN CAUNIC OXATI, wife, Housework, or At Hone, and children, not manfully employed, as At school or At home. Care should be who receive a definite salary), may be entered in Hon of the second statement. Never return "Luborer," "Foremán," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer mill; (e) Salarman, (b) Gracery, (a) Fereman, (b) Awae mabile factory. The material worked on may form part is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary farcases, etc. But in many first line will be sufficient, e. g., Parmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmir (retired engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons the duties of the household only (not paid Househopers know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architech, business or industry, and therefore na -Cool paint, oto-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever Women at home, who are compared in Locomotico If retired from caldinous. additional line Sperits.

Statement of Cause of Besth—Name, first, the DIRBARE CAURING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fewer (the only definite synonym is "Epidemic curebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia"); Lobar indefinite); Tuberculosis of lange, menin-

genital," gra, perilenneum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of lapse," cough; Chronic valuatar heart discount; Chronic interettial nephrate, vio. The contributory (secondary or intereur-"Tumor" for malignant neoplasms); Meades; Whooping on statement of cause of death approved by Committee and consequences (e. g., sepsis, trianus) may be stated under the head of "Contributory." (Recommendations "Heart failure," "Hemerthage," "Instition," "Marac-mus," "Old Age," "Shock," "Ursemia," "Weakness," etc., when a definite disease can be ascertained as the symptoms or tempinal conditions, such as "Asthenia, on Nonienclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; to determine definitely. Examples: Accidental drowning. SUICIDAL, OF HOMICIDAL, OF ME probably such, if impossible state sizaxes or inventy and qualify as surgical operation was undertaken. For violent deates "Pummenal perforits," etc. CRITICS: rent) affection next not be stated unless Example: Mende (disease exusing denth), 29 da.; Bron-da pasamonia (assendary), 10 da. Never report mere or miscarringe Always qualify all diseases resulting from childby railway train—accident; Revolver wound of controls; Policoned by curboite acid-probably "Coms." "Sculle," etc.), (mendy symptomatic), "Atrophy," ma, "Convulsions," "Dehility" "Contributory." (Recommendations ns "Punnyenal septichaemia," "Dropey," State cause for which Never report mere "Exhaustion," ACCEPHEATY'S unportant. ("Con-"Col-

If the cirilicate is bloked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PHYSICIANS t statement of EXACTL PERSONAL AND STATISTICAL PARTICULARS SINGLE 16 DATE OF DEATH properly class MARRIE PERMANENT WIDOWED OR DIVORCED OZIOZ DATE OF BIRTH hould (Year) (Month) (Day) be AGE, may L If LESS than TAGE 1 day, hrs. The CAUSE OF DEATH * was as follows: back supplied. OCCUPATION 5 (a) Trade, profession, or 0 particular kind of work instructions (b) General nature of Industry terms, business, or establishment in refully which employed (or employer) Contributory Secondary BIRTHPLACE plain See in (State or country) Ca 10 NAME OF pe (Signed) FATHER , c ould Important ATH II BIRTHPLACE RENT (State or country) ш SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME 0 N OF MOTHER ati 0 Very EM 13 BIRTHPLEOE At place Inform of death (State or country) 10 Where was disease contracted, Should state CA If not at place of death ? 14 THE ABOVE IS TRUE OF Former or item usual residence PLACE OF BURIAL OR REMOVAL (Address) 20 UNDERTAKER

REGISTRAN

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in

> a hospitel or institution, give its NAME instead of street and number.

MEDICAL CERTIFICATE OF DEATH

(Month) I HEREBY CERTIFY. That I attended deceased from

that I last saw hul alive on Pular and that death occurred on the date stated above, at Jam.

and Commence

(Duration) yrs.....

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the

State,yrs.

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

0

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer,"
"Foreman," "Manager," "Dealer," etc., without more
precise specification as Day laborer, Farm laborer, Laborer
Coal mins, etc. Women at home, who are engaged in mill; (c) Saleman, (b) Grovery; (a) Foreman, (b) Ante-mobile factory. The material worked un may form part only when needed. As examples: (a) Spinner, (b) Collan especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, applies to each and every person, irrespective of ago. tion is very important, so that the relative healthfulwrite None state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH employed, as At relevel or At home. Care should be taken to report specifically the occupations of persons —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physi-cian, Compositor, Architect, Locametics engineer, Civil For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired Houseworld, etc. If the occupation has been changed engaged in domestic service for wages, as Servent, Coult wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House business or industry, and therefore an additional line Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question For persons who have no occupation whatever

Statement of Cause of Beath—Namo, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal four (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewr (never report "Typhoid pneumonia,"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"); Lobur pneumonia, indefinite); Tuberculosis of tungs, menun-

genital," mus, chopneumonia (accondary), 10 da. Never report mere gymptoms or terminal conditions, such as "Asthenia," and consequences (e. g., sepera, teterana) may be stated suicidal, or solutional, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: rent) affection need not be stated unless important. suphritis, etc. The contributory (secondary or intereurcough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neophisms); Meadles, Whooping on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations state means or insure and qualify as accidental, surgical operation was undertaken. For violent brains birth or miscarriage as "Publifernal septichtemia," "Publifernal personalis," etc. State cause for which etc., when a definite threase can be ascertained as the "Anacunia" (intrely symptomatic), "Atrophy," "Collapse," "Coinn," "Convulsions," "Debility" ("Congenital," "Senife," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hearnorthuga," "Inantition," "Marsemus," "Old Age," "Shook," "Uracuits," "Weakness," Example: Mozales (discous causing death), 29 da.; Bronon Nomenclature of the American Medical Association.) enicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train-accident; Revolver wound cause. Always qualify all discuses resulting from childby carbolic acid-probably

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-Every Item of information should be carefully aupplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of continuous. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED

> ż

1 PLACE OF DEATH

	OFFICIAL OF FELL
County	CERTIFICATE OF DEATH Registration Dist. No.
Village or City No	St; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH May 5 199 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) , 18/2 (Year)	HEREBY CERTIFY, That I attended degeased from May 5th 1919
TAGE SS yrs 6 mes 26 ds OR min.	and that death occurred on the date stated above, at 400 m
(a) Trade, prefession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Buration) grs. mos.
10 NAME OF FATHER MASSES BROWN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) May Cth., 1919. (Address) A existing Total State the Disease Causing Death, or, in deaths from Visuent Causins, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
a Signature Source 13 BIRTHPLACE OF MOTHER (State or sountry) Par	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place to the the contraction of the con
(Informati)	Where was elseass contracted, If not at piace of death? Former or want residence
Address Mc Herry Med	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 1919.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question of the second statement. Never return "Laborer,"
"Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Parmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulstate occupation at beginning of illness or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. business or industry, and therefore an additional know (a) the kind of work and also (b) the nature of the e-pecially in industrial employments, it is necessary to business, that fact may be indicated thus: Farmer (vetired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At achool or At home. Care should be who receive a definite salary), may be entered as Houseis provided for the latter statement, it should be used For many occupations a single word or term on the write None. engaged in domestic service for wages, us Secont, Cook, Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from Bune

Statement of Cause of Peath—Name, first, the Disease causing drawn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Piphotol fever (never report "Typhod pneumonia," Lober magnetical. Reprochapmentation of lungs, menin-

lapse," CRUBE. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness." rent) affection need and be stated unless important. mephritis, etc. cough; Chrosen receives heart disease, Curanic enterstated "Tumor" for malignant neophisms); Mozaka, Whooping (mime origin; "Cancer" is less definite; avoid use of ges, pertionieum, etc., Caranana, Sarcama, etc., ol on Nomenclature of the American Medical Association, under the head of "Contributory." (Recommendation Strick by railway train—actident; Revolter wound head—hamicide; Personed by carbolic acid—proba suicide. The nature of the mjury, as fracture of the suicidat, or homicidat, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deates birth or miscarriage as "Pumpenal septichaemia," "Pumpenal peritonitia," etc. State cause for which etc., when a definite disease can be accertained as the "Annemia" symptoms or terminal conditions, such as "Asthenia," chapneumonia Example: Measles (discuss oursing death), 29 ds.; Bronon statement of cause of death approved by Committee and consequences (e. g., aspira, literaus) may be stated Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intercurcarbolic acid-probably Never report mere ACCIDENTAL. ("Con-"Col-

If the certificate is leaked ever thoroughly and all questions attended in definit it will prevent further correspond the certificate in permanently filed.

SUN 5 1818

BUREAUV. S.

¹ Pl	ACE OF DEATH		06	5850	STATE OF MA	/
County	ganett	com - 中小 - 中		(109)	CERTIFICATE (OF DEATH /6
					Registration D	ist. No.
Village or	2 FULL NAME	- Passano.	Fils	922	Ward)	[If death occurred in a hespital or institution, give its NAME instead of streef and number.]
P	ERSONAL AND STATIS	STICAL PARTICULA	ARS	М	EDICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	SINGLE MARRIED, MA WIDOWED OR DIVORCED (Write the word)		16 DATE OF DEA	TH MAY (Month)	(Day) , 191
6 DATE OF	- Mance	(Write the word)		17 I HERI	EBY CERTIFY, That I at	ttended deceased from
DATE OF	O	mr. 1	1845-	may	hh. 191 9. to m	, 191.
	(M	onth) (Day)	(A 11001)	that I last saw	h alive on	, 191
7 AGE	72 1	99	It LESS than t day, hrs.		occurred on the date s	
	10 yrs De	mos. ds.	OR min.?	The CAUSE OF	DEATH * was as follo	WS:
e occup	ATION 9, profession, or			herria	Cursing 4 vol	verles
particular	kind of work - 602.3	nu n	*****************			04-000-0000-10000-10
bosiness,	or establishment in			Ley	Long (Quration)	20 yrs mos
O BIRTHI	played (or employer)			Contributo	y Ing the	mek
(State	or country) Lan	nany		Get OB GROWN	1 purific	- FE. MAI.
10 N	TAME OF	- M9	Ling	(Signad)	ury W. M. (6).	und ind
S " B	STATHER 2	2		May 25	e DISEASE CAUSING DEATH, O	(Levece M.
W	MAIDEN NAME	ering	ny	CAUSES, STATE SUICIDAL OF H	(1) MEANS OF INJURY; and	(2) whether ACCIDENTAL.
A 12 W	OF MOTHER	1. The	was	18 LENGTH OF R	ESIDENCE (FOR HOSPITALS	. INSTITUTIONS, THE MISIEN
13 g	SINTHPLACE OF MOTHER			Al pisce	BIDENTS)	_ \
	(State or country) If	many		et deeth yr Where was disause	meeds Ste confracted,	\\rac{1}{2}
14 THE A	BOVE IS THUE TO THE B	EST OF MY KNOWLE	DGE	If not all place of d	th ?	
(Infor	mant) Hillip F	lenger		vsusi residence	\	1
	Address Deer Pa	me Ma		19 PLACE OF BI	DRIAL OR REMOVAL	PATE OF BURIAL
16	/h	1000	10	DeerF	ask Md	May 27 . 101.7
Filed	ay 26, 1919 //4	26.69	Mry	Q O O	0/	D. 1

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age tion is very important, so that the relative healthfulof the second statement. Never return "Laborer." "Foreman," "Manager." "Powler, 1996, "History more precise specification as Day Informa Form laborer, Laborer mill; (a) Solesman. (b) ' rovery. (a) Foremen, (b) Autoonly when needed As example (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, Physiwife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Serront, Cook taken to report specifically the occupations of persons write None. Housemail, etc. Statement of Occupation-Precise statement of occupa--Cool mine, etc. many occupations a single word or term on the various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Wanten at hune, who are engaged in

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidenic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohor pneumonia. Bronchopneumonia of lungs, mentingualified, is indefinite); Tuberculosis of lungs, mentingualified, is indefinite);

lapse." ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... mus, symptoms or terminal conditions, such as "Asthenia. chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitid "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of surgical operation was undertaken. For violent beaths "PUERPERAL pertionitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "luanition," "Mara-"Anaemia" (inerely symptomatic), lapse," "Coma," "Convulsions," Example: Meastes (disease causing death), 29 ds.; Bronon statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible on Nomenclature of the American Medical Association.) under the head of "Contributory." head-homicide; Poisoned by carbolic acad-probably to determine definitely. Examples. Academal drowning MEANS OF INJURY and qualify as ACCIDENTAL, or misearriage as "Old Age," "Shock," Always qualify all diseases resulting from child-"Coma," "Senile," etc.). "Dropsy." railway train-accident. "PUERPERAL sephchumau." "I F. Blit. "Weakness "Debility" ("Con-Never report mere "Atrophy," (Recommendations Revolver "Exhaustion." понян

If the certificate is united over inoroughly and all other three answered in defail, it will prevent further correspondence. All the data is essential read lines also obtained before the certificate is permanually filed.

PHYSICIANS CERTIFICATE OF DEATH 06851 Registration Dist. No. St.: Ward) a hespitel or institution. give its NAME instead of street and number. RECORD MEDICAL CERTIFICATE OF DEATH SINGLE 18 DATE OF DEATH COLOR OR HACE MARRIED WIDOWED (Month) 31 OR DIVORCED operly DATE OF BIRTH à (Month) 7 AGE and that death occurred on the date stated above, at may O The CAUSE OF DEATH * was as follows: min. 7 tha 0 (a) Trade, profession, or 20 particular kind of work 9 . b) General nature of Industry 7 50 business, or establishment in (Burstion) 35 which employed (or employer) Contributory 9 BIRTHPLACE secondary (State or dountry) See 10 NAME OF FATHER 11 BIRTHPLACE ENT DISEASE CAUSING DEATH, or, in deaths from VIOLENT ARB, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL a RESIDENCE FOR HOSPITALS INSTITUTIONS, TRANSIENTS 13 B. RTHP: 40 in the At place (0) Stats. yrs where was disease contracted. 4 Z O it not at alone of doath? TIO tate Every item should sta OCCUPAT hanks are needed address State Registrar 18 of Saratoga St., Balto., Requesting

STATE OF MARYLAND

PLACE OF DEATH

Approved by U. S. Census and American Public Health Association.

state occupation at beginning of illness. only when needed. As examples. (a) Spinner, (b) Collon engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. engaged in domestic service for wages, as Servant, Cook employed, as Al school or Al home. Care should be unife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager, of the second statement. Never return "Laborer." mobile factory. The material worked on may form part is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwrite None. taken to report specifically the occupations of persons business or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) (crocery, (a) Foreman, Compositor, Architect, Locomotive various pursuits can be known. The question For persons who have no occupation whatever If the occupation has been changed " "Bealer" 010. engineer, If retired from without more (b) Auto-

Statement of Gause of Brath—Name, first, the DIREARS CAUSING BRATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospical feer (the only definite synonym is "Epidemic errebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fewr (never report "Typhoid pneumonia," Indian menumonia, headons in definite); Tuphoid fewr (never report "Typhoid pneumonia," in the properties of tungs, menumonia in the properties of tungs.

gennal. Pasiding. on Nomenclature of the American Medical Association. on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsio, televisa) may be stated EIEEfeal operation was undertaken. For violent examps

ethic means or examp and quality as accurental,

europaal, or nomicidal, or as probably such, if impossible birth or meenrings as "Presental arthehoraid," mas." "Old Age. "Stock." "Tr not. "Weakness" etc., when a definite disease can be ascertained as the gental "Senile etc., "Drapst, "Exhauston, gental "Marie" "Honey Index ("Index "Maries," "Transit Weshiese, "Speck," "Transit "Weshiese, "Transit " "Ansemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia chopiatismonia (secondary), 10 da rent) affection need not be stated unless important. "Tumor for unit; rafft neoplasms); Mensier, Whooping (name origin; "Cancer is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. houd homicide. Struck by miliony to determine definitely Examples Accidental drowning "PURIFERAL perdobilio." Example Meades (discass causing death), 29 da., threetic entrate hart disease, Chronic interstitial Always qualify all diseases resulting from while The assure of the injury, as fracture of skull "Coma," Paisonal "Convubuous" train-accident; ele this . cortains and probably State couse for which "Inunition," "Mara-" Validadity" Never (Recommendations Repulser "Atrophy," report mere patrons ("Con-Bron-

the certificate is detailed with the correspondcing. All the data is seemed must be obtained before the certificate is permanently find

RUREAU V. S.
BUREAU V. S.

B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

Z

PLACE OF DEATH County Lawett	STATE OF MARYLAND CERTIFICATE OF DEATH
7	208 Registration Dist. No.
Village or City Mery (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male. 4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH May (Month) (Day) Vest
O DATE OF BIRTH July (Wonth) (Day) (Year)	May 1 . 1919, to May 7 . 1919 that I last saw h will alive on May 7 . 1919
7 AGE If LESS than 1 day, hrs. OR mlo.?	and that death occurred on the date stated above, at 5.0, m The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Buration) yrs. mos. 9 di
10 NAME OF FATHER Vernon Hoge. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addre
of Mother Castell 13 BIRTHPLACE OF MOTHER (State or country) Maryland, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Veryone Hoye	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) Al piece in the of death yrs, mos, ds, State, yrs, mos death where was disease contracted. If not at piece of death? Former or usual residence
(Address) Horges - Md- Registrar If more blanks are needed, address State Begistrar.	Castel Grove ya de

Approved by U. S. Gensus and American Public Health

employed, as At school or At home. Care should be write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the honsehold only (not paid Housekeepers precise *pecification as Day laborer. Furm laborer, Laborer —Coal mine, etc. Women at home, who are engaged in "Forenan," "Manager," "Dealer." mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Poreman, (b) Autoonly when needed. engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. If the occupation has been changed business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective is provided for the latter statement; it should be used ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, As examples: (a) Spinner, (b) Collon Never return "Laborer," Locomotive engineer, etc., without more If retired from of age.

Statement of Cause of Death—Name, first, the Disparent CAUSING DEATH (the primary affection with respect to time and enusation), using always the same accepted term for the same disease Examples: Cerobrospinal fever (the only definite synonym is "Epidemic cerebrospinal menuscitis") Diphilicria (avoid use of "Croup"); Typhood fewer (never report "Typhood pneumonia,"); Lobar paramenta fronchopmeumonia of langu, menuscita unqualified, is indefinite); Tuberculous of langu, menuscita

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent DEATHS "PUERPERAL peritonitis," mus," "Old Age," "Shock," "Uracmia," "Weakness, on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull Struck by railway train—accident; Revolver wound of to determine definitely Examples. Accidental drowning, suicidal, or homicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as accidental, birth or miscarriage as cause. etc., when a definite disease can be ascertained as the "Heart failure," "H emorrhage." "hamition," "Marassymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary). 10 ds. Never Example: Measles (discuss causing death), 29 ds.; rent) affection need not be stated unless important. cough; Chronic vulvuler heart disease; Chronic interstitial "Tunior" for malignant neoplasms); Measles; Whoeping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma, "Senile," oma," "Convulsions." "Debility" ("Con-The complianory (secondary or intercuretr...), etc. State cause for which "PHERPERAL septichacmia," "Dropsy." "Exhaustion." report mere

If the certificate is indical war showinghly and all questions answered in death it will frevent further correspondence. All the data is essential and must be obtained before the certificate is replicatedly field.



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MEDI	CAL CERTIFICATE C	F DEATH		
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ADDRESS

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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary froman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile Jactory. is provided for the latter statement; it should be used who receive a definite salary), may be entered as Housethe duties of the household only (not paid Houseksepers precise specification as Day laborer, Form laborer, Laborer engaged in domestic service for wages, as Servant, Cook employed, as At school or wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in (a) Salesman, (b) Grocory; (a) Foreman, Compositor, Architect, Locomotive various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part statement. Never return "Laborer," At home. Care should be engineer, (b) Auto-

Statement of Cause of Beath—Name, first, the Diseases causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrospinal menincitis"); Diphtheria (avoid use of "Croup"); Typhont feer (never report "Typhoid pneumonia," Lobar pneumonia. Broachopneumonia ("Pneumonia," Indian pneumonia, indiffinite); Tuberculosis of lunga, meninganishied, is indefinite); Tuberculosis of lunga, meninganishied.

cough; Chronic redenues bruit disease, Chronic interstitial ges, perilonaeum, ctc.. ('arcinoma, Sarcoma, etc., of rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Massies, Whooping "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," Iapse," "Coma," "Convulsions," "De genital," "Senile," etc.), "Dropsy," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronnephrilis, ctc. (name origin; "Cancer" is less definite; avoid use of etc., when a definite disease can be ascertained as the surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from child-SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy, oma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intereur-"Puerperal septichoemia," Never report mere "Atrophy," "Exhaustion," wound of ("Con-

H the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data, is essential and must be obtained before the certificate is permanently filled.

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		Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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4		SPE

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 108 County Registration Dist. No If death occurred in Village or City (No. Ward) a hespital or institution give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE 3/ 191 6 WIDOWED OR DIVORGED (Day) (Year I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 403 (Month) (Day) (Kenr) TAGE If LESS than and that death occurred on the date stated above 1 day, hrs. OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE State or country) 10 NAME OF FATHER PARENTS II BIRTHPLACE OF FATHER (State or country *State the Dunnan Causing Drays, or, in deaths from Volunt Ausin, state (1) Means of Injury; and (2) whether a manyar, 12 MAIDEN NAME SUPCIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ON RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER nf death State. Where was disease contracted, 201 14 7 14 THE ABOVE IS TRUE if not at place of death? Former or (Informant unual residence OF BURIAL OR REMOVAL DATE OF BURIAL . 191. 20 UNDERTAKER DONESS REGISTRAS If more blanks are needed, address State Registrar, 16 W Sautoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Coal mine, etc. Wemen at home, who are engaged in Statement of Occupation-Precise statement of occupa very important, so that the relative healthful-For persons who have no occupation whatever (b) Auto-

Statement of Cause of Beath—Name, first, the pierass excusive deare (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fluor (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Creup"); Typhoid fluor (never report "Typhoid pneumonia"); Lobur pneumonia, Branchapacumonia ("Pneumonia," unqualified, is indefinite); Tuberculoris of lungs, menta-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, lelapsa) may be stated Struck by railway train-accident: Revolver yound of surgical operation was undertaken. For violent bearns head-homicide; Poisoned by carbolic gett probably SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible State MEANS OF INJURY and qualify as "PUEHPERAL perilonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Unumia," "Weakness to determine definitely. Examples: Accidental drowning: birth or miscarriage as cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marusgenital," "Senile," etc.), "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important cough; Chronic valeular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of The nature of the injury, as fracture of skull The contributory (secondary or intercuretc. State cause for which "PURRPERAL septichnemia," "Dropsy," (Recommendations "Exhaustion," ACCIDENTAL, Whooping

If the certificate is looked over thoroughty-and all givestions answered in datall, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permularity filed.



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PLACE OF DEATH

Pri l	PLACE OF DEATH	STATE OF MARYLAND			
Cou	nty Yarrett	CERTIFICATE OF DEATH			
	10 0685	Registration Dist. No. 66			
Villa	age or City the agentile (No	St: Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]			
FRILL NAME CONTINUE C					
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
2	Male White Single MARRIED, Married WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Day) 1919			
	October 10,1873	There By CERTIFY, That I attended deceded from the Mar 191 to May 3 1919 That I last saw herealive on Mar 1919			
7 AC	45 yrs 6 mes 25 ds 11 LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at			
11 / 18	CCUPATION a) Trade, profession, or rticular kind of work Tasmur				
O MI	b) General nature of Industry Islness, or establishment in hich empleyed (or employer)	(Quration) yrs. mes. 6s.			
9 B	(State or country) Mary land	Centributory Secondary			
	10 NAME OF angust Henry S.	Signed MC Secretarian			
PARENTS	"BIRTHPLACE OF FATHER (State or country) State or country)	P State the Discass Caused Death, or, in death from Vicinity Causes, state (1) Means of Injury; and (2) whether Accidental			
PAR	of MOTHER Rachel Beckman	SUICIDAL OF HOMICIDAL. 10 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 10 DR RECENT RESIDENTS)			
	13 BIRTHPLACE OF MOTHER (State of country) Germany	At place in the of death yrs. mesdn. State,yrs. wees ds.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, If not at place of death?			
	(Informant) Halter 7. 16 ahl	Former or usual residence			
N	(Address) Cakland md.	May 4. 191			
F	May 6. 191 9 Julia Cowan	" Jolden Vekland, med			
'f more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1					

[Approved by U. S. Cristis and American Public Health

write None business, that fact may be indicated thus: Farmer (refred state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Howework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. only when needed. As example: (a) Spinner, (b) Cotton employed, as At school or At home. Care should be who receive a definite salary), may be entered as House precise specification as Pay laborer, Farm laborer, Laborer "Foreman," "Manager," "Drake" mobile factory. The material antical on may form part mill; (a) Salesman, (b) trocorp, (a) Foreman, especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many mosts is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locumotive engineer, Civil first line will be sufficient, e. g., Farmer of Flanter, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single werd or term on the applies to each and every person, irrespective of tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Cool mane, etc. For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," aroun thoughts, said If retired from (b) Auto

Statement of Cause of Beath—Name, first, the DIRKASH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic ecrebrospinal meningitie"); Diphtheria (ayoid use of "Croup"); Typhoid fewer inever report "Typhoid pneumonia."; Lober pneumonia, Bronchopneumonia ("Pneumonia, meningitied, is indefinite); Tuberculosta of lunga, meninginialitied, is indefinite);

on statement of masse of death approved by Committee under the head of "Contributory" "Heart failure, "Harmorrhage, "Inantition, "Mara-mus," "Old Age," "Shock," "Trainin, "Weakings," lapse," on Nomenelature of the American Medical Association.) and consequences (e. g., sepera, telemas) may be stated mucide. The nature of the injury, as fracture of skull head-homicide; Poisoned Struck by railway train-accident. Revolver wound of to determine definitely. Examples Accidental dreaming. SUICIDAL OF HOMICIDAL OF BE freehably such, if impossible state MEANS OF INJUSY and qualify as surgical operation was undertaken. For violant deaths "PURRPERAL pertionalia," chopneumonia (secondary), 10 ds. Never report mers symptoms or terminal conditions, such as "Asthenia." eough; Chronic valrular heart disease; Chronic interstitial birth or mistarriage as "Proposition orphebicania," COURSE etc., when a definite disease can be meartained as the genital," "Anaemia" Example: Mendes (disease causing death), 20 da., rent) affection need not be stated unless important. "Tumor" for malignant neoplesms); Measles, Wheeping (name origin; "Cancer" is less definite; avoid use of ges, persionacum, etc., Carcinoma, Sarcoma, etc., of Always qualify all diseases resulting from child-"Coma," "Senile," oma," "Convulsions," The contributory (secondary or intereurete.), etc. State cause for which Sign "Dropey." curtoise acut probably "Debility" Recommendations "Atrophy," "Exhaustion, ACCIDENTAL, ("Cut-

If the certificate is looked over trainingfully and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD BINDING HOF RESERVED WRITE PLAINLY, WITH MARGIN

V. S. No.

Z.B.

PLACE OF DEATH 06855	STATE OF MARYLAND CERTIFICATE OF DEATH
County (163	Registration Dist. No.
Village or City Free Color (No. 100. 100. 100. 100. 100. 100. 100. 10	St; Ward) [If death accurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
* SEX COLOR OF RACE SINGLE MARRIED, WIDOWED OF DIVORCED (Write the word)	10 DATE OF DEATH May /8 , 1919 (Month) (Day) (Year)
6 DATE OF BIRTH 20 ,1/9/9 (Year)	17 I HEREBY CERTIFY, That I attended deceased from, 191, te
7 AGE if LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	As Doctor in stendence
9 BIRTHPLACE (State or country) Junety Co- Ind	Contributory Ceedentill Death Secondary (Burellon) prs. mes. de.
11 BIRTHPLACE GENERAL CO MA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Garrett Co Jud	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE (Informant) Samuel Vandechill	Where wee disease contracted, If not at place of death? Former or esual residence
16 5/1/ mg WANGERELLE	Blooming Rose ADDRESS
FIGURE REGISTRAR	16 W. Saratogs St., Balto., Bequesting V. S. No. 1.

Approved by U. S. Cansus and American Public Realth Association.)

mill; (a) Salesman, (b) Grocery; (a) Foreman, cian, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. nos of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the metasu causing DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At achool or At house. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc., first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the write None. Housemaid, etc. Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from (b) Auto-

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> ges, perilonneum, etc., Carrinoma, Sarcoma, etc., of mus," "Old Age," "Shock," "Urarmin," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Harmorrhage," "Inanition," "Marachopseumonia (secondary), 10 da. Never report mere nephritin, etc. cough; Chronic valvular heart disease; Chronic interstitiat "Tumor" for malignant neoplasms); Measles; Wheoping (name origin; "Cancer" is less definite; avoid use of surgical operation was undertaken. For VIOLENT DEATHS enuse. Always qualify all diseases resulting from child-birth or miscarriage as "Purarrauxa septichumia." etc., when a definite disease can be ascertained as the "Anaemin" symptoms or terminal conditions, such as "Asthenia," Enample: Mecales (dissure causing death), 20 da.; Bronrent) affection need not be stated unless important on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Centributory." (Recommendations and consequences (e. g., sepsia, telunus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck to determine definitely. Examples: Accidental drowning suicidal, or nosticidal, or as probably such, if impossible state weans or indust and qualify as "PUBRIERAL perilonitis," etc. State cause for which "Coma," by railway train-accident; Revolver wound of (merely symptomatic), "Atrophy." oma," "Convulsions," "Debility" The contributory (secondary or intereurcarbalic acid-probably ACCIDENTAL, ("Con-"Col-

If thus or tificate is locked over thoroughly and all que-

tions answering in detail, is well prevent further correspondence. All the that is essential and must be obtained before the certificate a permanently filed.

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V. S. No. 1.

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' PLACE OF DEATH	STATE OF MARYLAND	
County Survett	(79) CERTIFICATE OF DEATH	
County 06856	Registration Dist. No. 170	
Village or City The Farm Man Monday	St.; Ward) [If death occorred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE SINGLE MARRIED, WIDOWED A DOWN OR DIVOWED OR DIVOWED WINTED	16 DATE OF DEATH Manth (Day) (Yell)	
6 DATE OF BIRTH (Month) (Day) (Year)	HEREBY CERTIFY. That I attended deceased from	
7 AGE 1 LESS than 1 day, hrs. 0 mos. 2 6 as. 0 mlo.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:	
(a) Trade, profession, or gardeular kind of work of work	Jalvalus disesse Theast	
(b) General nature of Industry basiness, or establishment in which employed (or employer)	5/025/19 - Harbably much Confee	
State or country) & Agrada Marelan	Centributory Secondary	
10 NAME OF FATHER MICHAELE	(Bignet) (Buston) yre nee de	
State or country) 12 Maiden Name OF MOTHER OF MOTHER 12 Maiden Name OF MOTHER 13 Maiden Name OF MOTHER 14 Maiden Name OF MOTHER	*State the DIMEASE CAUSING DEATH, or, in deaths from Violent Auses, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) South auserica	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace in the af death yrs. mes. ds. State, yre. mes de. Where was disease contracted,	
(lafermant) WELL	H not st place of desth? - Fermer or usual residence	
16 Marine Langement V	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed May 2, 191 9 Leo/3 / 3 rozete REGISTRAR	M Erchern macening	
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1	

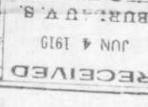
[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be taken to report specifically the occupations of persons Housemaid, etc. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotics engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Never return "Laborer," If retired from term on the (b) Auto-

time CAUSING DEATH (the primary affection with respect to spinal meningitis"); Diphtheria (avoid use of "Croup"); imqualified, is indefinite); Tuberculosis of lungs, meninferer (the only definite synonym is "Epidemic cerebro-Typhoid forer Statement of Cause of Beath-Name, first, the DISEASE and causation), for the same disease. Examples: Distriction of the (never report "Typhoid Bronchopneumotta using always the same accepted ("Pneumonia pneumonia"); Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... nephritis, etc. "Tumor" for malignant neoplasms); Meastes; Whooping "Anaemia" (name origin; "Cancer" is less definite; avoid use of oma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Puerperal septichaemia," Never report mere "Atrophy," wound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondtiles of the data is essential and must be obtained before the certificate is permanently filed.



STATE OF MARYLAN PHYSICIANS statement of arre CERTIFICATE OF DEA County Registration Dist. No If death occurred by EXACTLY, PI St.;Ward) a hospital or institution give its NAME instead of street and number.] RECORD ² FULL NAME classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE JBEX 16 DATE OF DEATH 4 COLOR OR HACE stated MARRIED. PERMANENT WIDDWED OR DIVORCED (Month) (Day) be properly certificate. HEREBY CERTIFY, That I attended deceased from should be (Month) 10 7 AGE If LESS than n terms, so that it may instructions on back of and that death occurred on the date stated above. a 1 day, hrs. The CAUSE OF DEATH * was and follows: min. 7 OB -THIS 8 OCCUPATION (a) Trade, profession, or INK particular kind of work (b) General nature of Industry business, or establishment in UNFADING carefully which employed (or employer BIRTHPLACE Contributory Secondary See in (State or country) 10 NAME OF pe 2 FATHER Every Item of information should should state CAUSE OF DEATH is OCCUPATION is very important. S 11 BIRTHPLACE PARENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT PLAINLY, (State or country) CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIPAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the OF MOTHER (State or country) State, _____yrs. ____mas.yrs. Where was disease contracted, TO KNOWLEDGE If not at place of death ?..... Former ar (Informant) usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

QUIONE

[Approved by U S. Census and American Public death Association.]

6 pra.). For persons who have no occupation shatever business, that fact may be indicated thus Farmer (ratined state occupation at beginning of illness or given up on account of the DHELASK CAUSING CHATH Housemend, etc. If the occupation has been changed engaged in domestic service for wages, as Serrant Cook taken to report specifically the occupations of persons employed, as At school or At home Care should be wife, Housework, or At Home, and children, not gamfall, who receive a definite salary), may be entered as House "Foregrap," Mainger Deales on athors and arecon specification as Day laborer Ferns taken to Laborer the duties of the household only (not paid Housekeepers of the second statement. Never count Laborer, mobile factory. The material worker in man form part mill; (e) Salaman, b) Grocery (a) Paremun (b) only when needed as examples to Spaniar (b) alton a provided for the facter statement, it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the matter of the superially in industrial employments, it is necessary to main, Compositor, Architect, Locamotive sugmess with mains sugment, Stationary fireman, etc. But in many mass first line will be sufficient, c. g., Farmer in Planter Physi-For many ossupations a single word or term applies to each and every person prespective of age ness of various pursuits can be known. The juestion Continuing etc. Women at home, who are capacit is tion is very important, so that the relative healthful-Statement of Occupation-Procise statement of occupaif retired from 3316

Saturant of Greek of Depth Name 20th the previous causing observe (the primary affection with respect to time and causation) using always the same respect to time and causation) using always the same respect term for the same disease. Examples Correlessment few (the only definite synonym is "Epidemic cachropinal meningitis") Diphtheria (acad use of "Crosp") Typhoid reservation (never report "Typhoid memoria") Pregnantial analysisfied is incelebrated. Tuberrulated to 1992 occurs

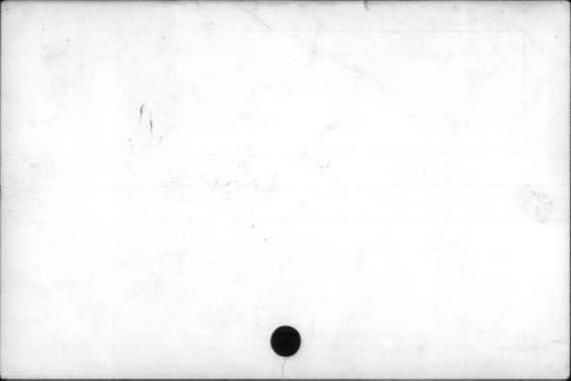
truck by railing train occident, Resolver wound of west homicide, Possened by surbolic acid probably orth is miscurrage in Printiples splichdenia, and consequences (e.g., sepsia, telemus) may be stated there o Nomenclature of the American Medical Association) as statement of cause of death approved by Committee under the head of "Contributory | (Recommendations uncude. extensit, or admirant, or as probably such, if impossible state strate in issues and qualify se approximasurgical operation was undertaken te, when a definite disease as he occasioned as she central. sapae. PHERPHARA perilonates." symptoms or terminal conditions such as "Agthema," Example: Measies (disease causing death), 29 da., Brosvent) affection need not be stated unless important. aephritis, etc. The contributory (secondary or intereur-Heart fallure, Haesporrhage, hopneumania (secondary), 10 ds. Never report mere riigh, Chremic valentles heart disease, Chronic interstitial name origin; "Cancer" is less definite; avoid use of pes, perdonaeum, etc., Carcinama, Sarcoma, etc., at "Tumor" for malignant acoplanus), Menska, Whooping Amounta (merely symptomatic) 'Old Age, 'Spock' Urnemma, Weakness The nature of the injury, as fracture of skull "toma," Senile, Convalsions 137 ere Scale cause to, which Sector C. "toutition Maine POP VIOLENCE ORIGINAL Debility" Atrophy. "Exhaustion," ("Con-

of this settlents is maked over degrouphly and an quesous suswered in detail, it will prevent further correspond nos. All the data it seemthal and court is shrained sefters be writingle of permanently that

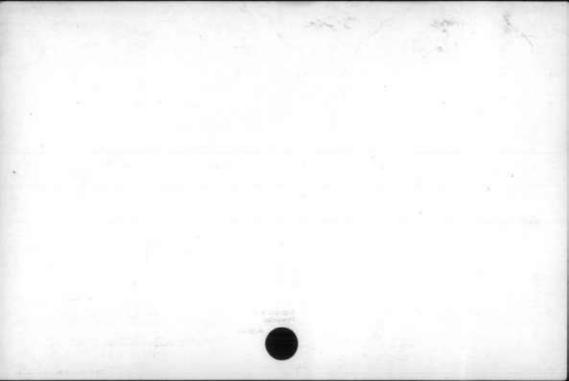


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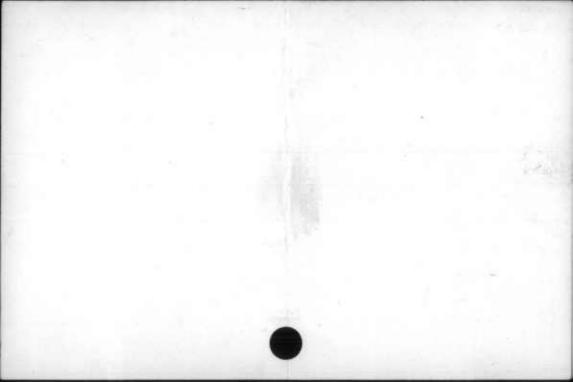
Olled at Occupation Where Pealding if not Belan, Mol ANSW at place of death Married, Single or Widowed Father's odber Another Birthplace Saliny, Demin Mother's Mother's Birthplace Dayens Name of person giving How related Information CAUSES OF DEATH Primary about a year de PHYSICIAN DRON Immediate William V. Archer Are the name, age, sex, color, data 4400 Signature of and place correctly given above? Physician Bel An- Md OFFICE BUPPLY CO., 11-16-08

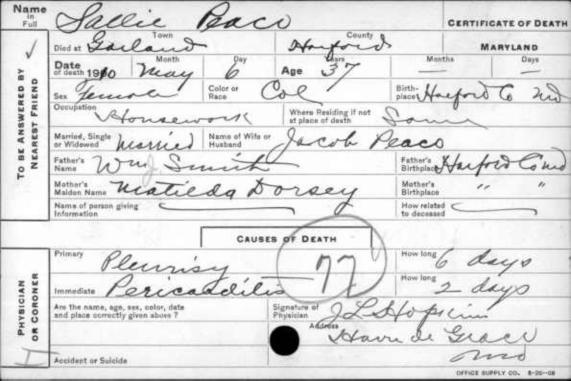


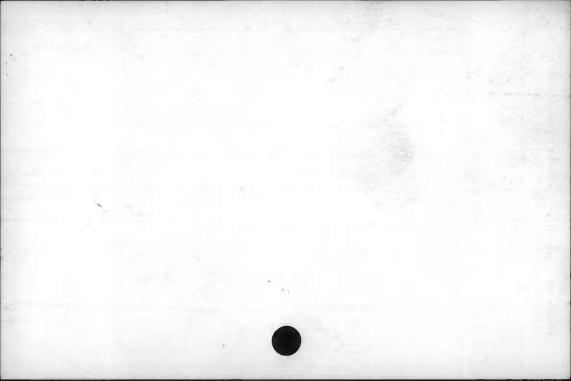
Name maria houisa Full Davs Month Female Color or White Birth-ANSWERED place Where Residing if not at place of death Manied, Single Widowed Name of Write or Widowed Husband 00 my Cauly Terrenton Elica ann Co Information ш YSICIAN z ö Œ Signature of Are the name, age, sex, color, date Physician and place correctly given above? Addresa Accident or Suicide OFFICE SUPPLY CO. 2364



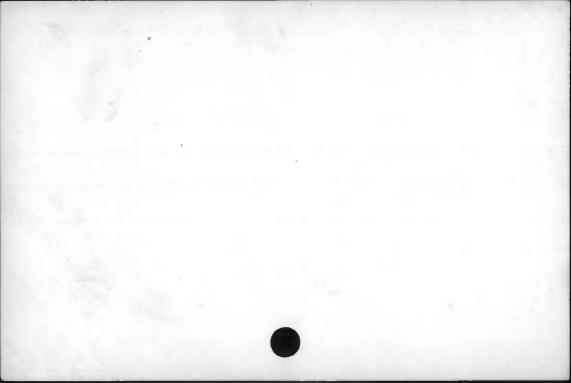
Name in Full CERTIFICATE OF DEATH MARYLAND Died at Months Davs Date Age of death 1900 TO BE ANSWERED BY FRIEND Birth-Calor or Race place Occupation Where Residing if not at place of death NEAREST Married Single Name of Wife or Husband Exther's Father's Birthplace Name Mather's Mother's Birthplace Name of person giving How related Information to driceased CAUSES OF DEATH How long Primary CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address 80 Accident or Suicide OFFICE SUPPLY CO. 2364



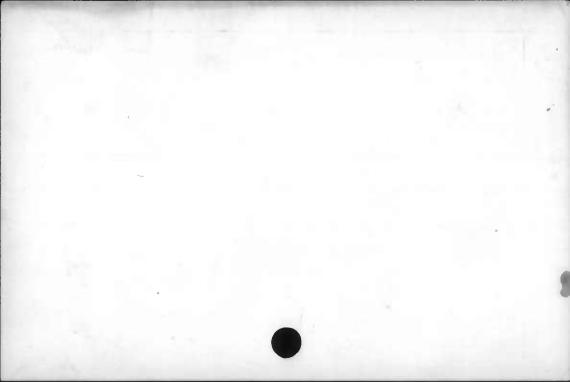




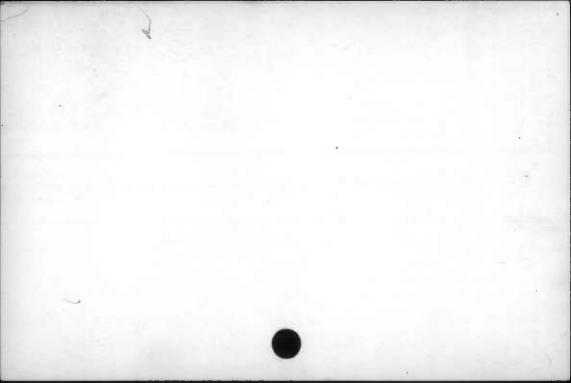




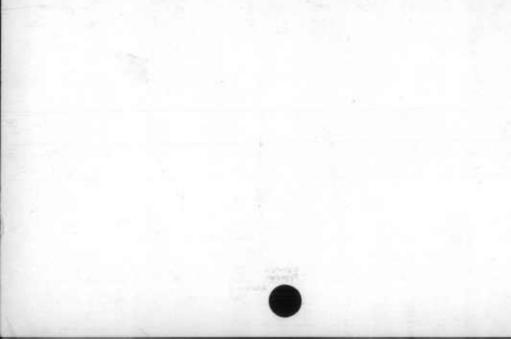
Name Full MARYLAND Months Dave Age Color or Rece Occupation Where Residing if not et piece of death Merried, Single Name of Wife or or Widowed John . Mr. Shanahan Fether's Birthplece Mother's Mother's Catherine Kennedy Maiden Neme Birthplece Neme of person giving How releted Information to deceesed CAUSES OF DEATH Primary Lancer of Nomach about 18 months PHYSICIAN ORON Immediate belleary V. Archy Are the name, age sex, color, date end place correctly given above? Signature of Physician ŭ œ 0 Accident or Suicide OFFICE SUPPLY CO., 11-15-08



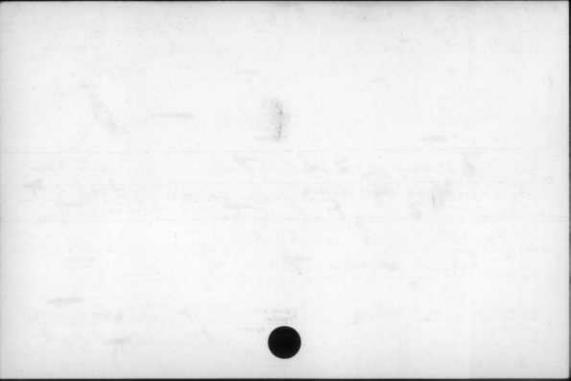
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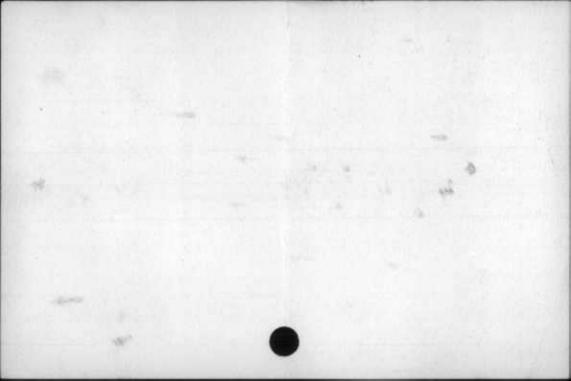
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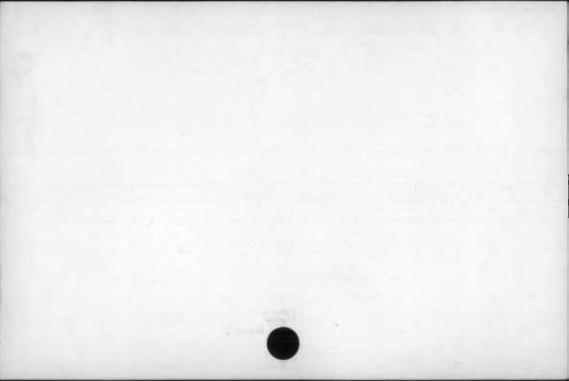
Name many to. Simpson in Full CERTIFICATE OF DEATH Died at Havre de Grace RIENI Color or Race NSWERED REST Information. Primary œ ONE HYSICIAN **Immediate** OR Are the name, age, sex, color, date Signature of Physician and place correctly given above? Address Accident or Sulcide OFFICE SUPPLY CO. 2364



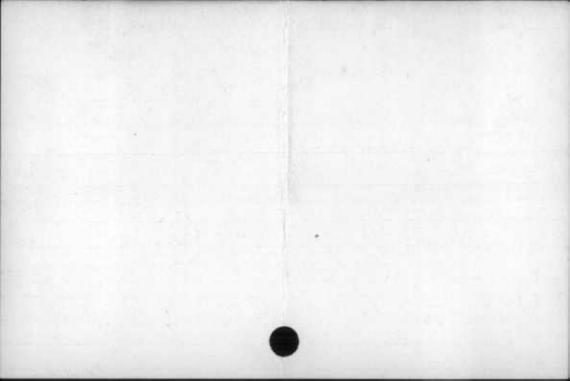
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annel B. Snodyra Sudderans Mother's č and place correctly given above? Addident or Suicide OFFICE SUPPLY CO. IRBA



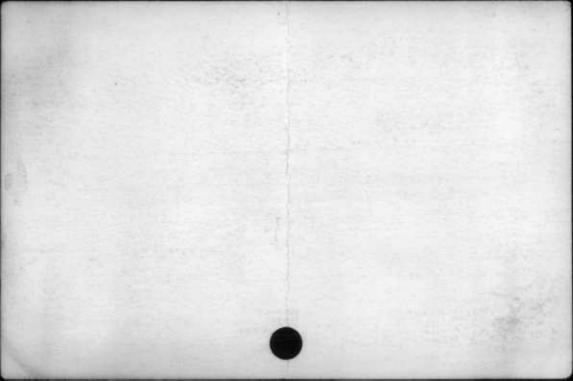
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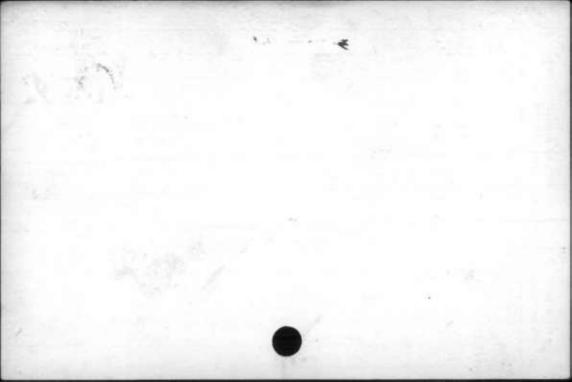
Mame In dda. W. Full CERTIFICATE OF DEATH Courty Died at MARYLAND Months Days Date of douth 199 Age 0 Birth-Color or ANSWERED NEAREST FRIEN Disce Roce Occubation. Where Reading Wnot ush wide at place of death Name of Wile or Married, Husband or Winterwed TO BE Father's Father's Birthplace Name Mather's Mother's. Birthplace Maidon Name Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How one CORONER How long PHYSICIAN Immediate. Are the name, sge, ses, coto date Signature of and place correctly given above? Physician Address Accident or Suicide? LINEARY BUREAU ASSESS



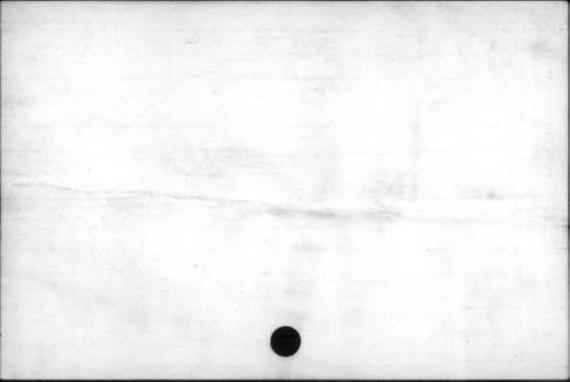
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Name Months Dave Date of death 196 0 Color or Z FRIE NSWERE Occupation Where Residing if not at place of desta REST Name of Wife or Married, Sinus 4 Husband EA Father's Father's Z Birthplace Name Mother's Mother's Maiden Name Birthplace Name of person giving Now related Information to deceased CAUSES OF DEATH Œ How Tong Hear Completation ial. PHYSICIAN ORONI Are the name, age, sex, color, date Signature of Physician and placa correctly given above ? Ü Address Vlac BO Accident or Suicide OFFIGE CUPPLY CO. 5-20--08



Name in Fuli	no	* name	5 4	hight		CERTIFICATE OF DEATH
V	Died at New	aliend	lee .	Tto	iford	MARYLAND
TO BE ANSWERED BY NEAREST FRIEND	Date of death 1960	month	Day	Age Vears	M	onths Days
	Sax 7	nace	Color or Race	Colour	Birth- place	Van ahnder
	Occupation			Where Residing if not at place of death		
	Married, Single or Widewed Surgle Husband					
	Fether's Wm Wright				Father's Birthpiac	Pa
	Mother's Marie Linni Pitt				Mother's Birthplac	
	Name of person giving from . Wright				How refs to deces	ted Z
isi			CAUSE	S OF DEATH	-)	
PHYSICIAN OR CORONER	Primary	St	ill bon	1	Lifelow long	
	Immediate			- 6	How long	
	Are the name, age, and place correctly	sex, color, date given shove ?	260	Signature of Physician	Chost.	Mitte.
	4		70	Address	all	uden '
	Accident or Suicide	, 16 Sim				nes
				4000		OFFICE SUPPLY CO. 8-2008



Name In CERTIFICATE OF DEATH Full MARYLAND Died at Month Months Days Date nere of death 19 TO BE ANSWERED BY NEAREST FRIEND Calor or Sex Rugs Occupation Where Residing If not at place of death Married, Single Name of Wile or History er. Widgweif Father's Father's Name Mother's Maiden Name & Name of person giving How related to deceased in formation CAUSES OF DEATH Primary High Ibna How lang CONONER PHYSICIAN Immediate Are the name, age, sex, color, data Signature of and place correctly given above? Physician Address Accident by Salcide? LIBRARY PROPERTY.

