8. No. 1.

N. B.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very AGE should be stated EXACTLY. Every item of information should be earefully supplied. AGE should be st CAUSE OF DEATH in pisin terms, so that it may be properly classified. Important. See instructions on back of certificate. WRITE

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S SINGLE, MARRIED, WOODWED, WOODWED, OF WITHER THE WOOTH THE SEST OF MY KNOWLEDGE 10 NAME OF MOTHER 11 BIRTHPLACE OF MOTHER 12 CAUSE OF DEATH* Was as follows: 14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE 15 INCLUDING OF GESTIFY. That I attended decessed from 1911, to 1	Village or City William (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
3 SEX 4 COURT OF BIRTH DATE OF BIRTH (Month) Day (Fear) I LESS than 1 day		MEDICAL CERTIFICATE OF DEATH
OATE OF BIRTH (Month) (Day) (Tear) (Tage) (ILESS than 1 day, hrs. OR min.? COCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) (Bistate or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or Country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 HE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE (State or country) 14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE (State or decountry) 15 BIRTHPLACE OF MOTHER 16 BIRTHPLACE OF MOTHER 16 BIRTHPLACE OF MOTHER 17 MAIDEN NAME OF MOTHER 18 BIRTHPLACE OF MOTHER 191/ And that death occurred on the date stated above, at	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED	(Month) (Day) (Year)
**Special control of the control of	ODATE OF BIRTH and. 29, 1910	Mas / 7 191/, to May 19 = 1911.
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employar) 10 NAME OF FATHER	1 day,hrs.	
Dusiness, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 LENGTH OF RESIDENCE (FOR HOAPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or	(a) Trade, profession, or particular kind of work	yarree ja sa
(Signed) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE SESTOF MY KNOWLEDGE (Signed) (Si	business, or establishment in which employed (or employer)	Il Ve a Vas . XIN so to
*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE SESTOF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE SESTOF MY KNOWLEDGE 15 State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR Hoapitals, Inatitutions, Transients, or Recent Residents) At place of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or	10 NAME OF	((Quration) yrs. mos. ds.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or	H OF FATHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
If not at place of death?	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
2500 (Calacilus	Store of Chams	If not at place of death? Former or usual residence
(Address) 19 PLACE OF BURIAL OR REMOVAL May 21, 1811		Aublin May 22, 1911
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus; Farmer (retired 6 yes.). CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home, Care duties of the household only (not paid Housekeepers mine, etc. ficution, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the pistass Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salenman, Farmer or Planter, As examples: For persons (6)

lonis of lunga, meninges, perilonaeum, etc., [menmonia"); "Croup") : Typhoid Jener brospins) meningitis"); Diphtheria (avoid use time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Fneumonia," unqualified, is indefinite); Tubercuferry (the only definite synonym is "Epidemic cere Statement of cause of death-Name, first, the pinkass for the same disease. Examples: Cerebrospinal Lobar pacumonia; Bronchopneumonia (never report "Typhold Carcin

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ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

the certificate is permanently flied,

Registeren de. c Ward IFICATE OF DEATH. (If Beath occurred in Morden maryland Hospital or Institution, give its Name instead of Street and Number.) Full Name William 19 Modeen Residence, Give Street and Number. Duration of Residence in Baltimore, MEDICAL CERTIFICATE OF DEATH. PERSONAL AND STATISTICAL PARTICULARS. COLOR White DATE OF DEATH SEX male may PAR DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from 1840 to July 17 may 14 194/ CEPTION that I last saw ham alive on May Kell Att 1901 AGE months ... and that death occurred, on the date stated above, at 9 SINGLE, MARRIED, manuel M. CAUSE OF DEATH (Secondary or Immediate,) WIDOWED OR DIVORCED. Varalesses BIRTHPLACE (State or county) 3 OF FATHER FORM BIRTHPLACE OF FATHER (State or county) Contributory (Primary) Congretion (DURATION) GO (Signed) Address 196/ Date THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. fine Attennedy z may 20 PHYSICIA 106/ andene (Address) Filed Undertaker Registrar. Address

LASSIFICATIO OF DISEASES.

I. CENERAL DISEASES.

(A.) Epidemic Diseases.

Typhoid fever Exanthematic typhus

Relapsing fever Mularial fever

Smallpox Measles Scarlet fever

10.

Whooping cough 8, Diphtheria 9. Croup

Influenza Miliary fever Asiatic cholera Cholera nostras 13. Dysentery 14.

Plague I5. Yellow fever 16. Leprosy T7 Erysipelas 18.

19 Other epidemic Diseases

(B.) Other General Diseases. Septicemia Glanders and farcy Malignaat pustule and charbon Rabies Actinomycosis, trichinosis, etc. Pellagra Tuherculosis of lungs Tuherculosis of laryux Tuberculosis of meningitis Abdominal tuberculosis 30 Pott's disease Tuberculous abscess White swelling

Tuberculosis of other organs 31. General tuberculosis

Scrofula Syphilis

Gonorrhea of the adult Gonorrheal infections of children Cancer of mouth

Caacer of stomach and liver Cancer of sitestines and peritoneum Cancer of genital organs Cancer of breast

43. Caucer of skin 44.

Cancer of other or unspecified organs 46.

Tumor (noncancerous) Acute articular rheumatism Chronic rheumatism and gout

49 Scurvy Diabetes

Exophthalmic goiter Addison's disease

Lenkemia Anemia chlorosis 54. Other general diseases

Alcoholism Lead poisoning

Other professional intoxications Other chronic poisonings

II. DISEASES OF THE NERVOUS SYSTEM.

Encephalitis Meningitis Locomortor ataxia Other diseases of spinal cord 63. 64. Apoplexy Softening of brain 65. 66. Paralysis General paralysis of insane 67 68 Other forms of mental disease 69. Epilepsy 70. Convulsions (puerperal) Convulsions of Children

Tetanns

Chorea

73.

Other diseases of the nervous system Diseases of the eye and the adnexa

Diseases of the ear

III. DISEASES OF THE CIRCULA-TORY SYSTEM.

77. Pericarditis 78. Endocarditis 79. Heart disease 80. Augina pectoris Diseases of arteries

Embolism and thrombosis 80 Diseases of veins Diseases of lymphatics 83.

84. Hemorrhages (except of lungs) Other diseases of circulatory system

IV. DISEASES OF THE RESPIRA-TORY SYSTEM.

87. Diseases of nasal fossae Laryugitis Other diseases of larynx

Diseases of the thyroid body Acute bronchitis

91. Chronic hronchitis 99 Broachopneumonia 93 Puenmonia 94. Pleurisv

Congestion of lungs 95 Gaugrene of lungs 96,

97. Asthma Emphyseina

Hemorrhage of lungs Other diseases of respiratory system

V. DISEASES OS THE DIGESTIVE SYSTEM.

100. Diseases of mouth J Tonsilitis 101. Diseases of pharynx Diseases of the esophagus

102. Ulcer of stomach 103. Gastritis

104. 1 Other diseases of stomach Diarrhea and enteritis (under 2 years)

Diarrhea and enteritis(2 years and over) 107. Ia testinal parasites

Hernia 108.

Obstruction of intestines Other diseases of intestines

Acute yellow atrophy of liver Hydatid tumors of liver 110. 111.

112. Cirrhosis of liver 113. Biliary calculi Other diseases of liver

T14. Diseases of spleen 115.

116. Peritonitis (nonpuerperal) 117.

Other diseases of digestive system 118, Appendicitis

VI. DISEASES OF THE GENITO-URINARY SYSTEM.

Acute nephritis Bright's disease 120.

Other diseases of kidneys Calculi of urinary tract

Diseases of bladder Diseases of urethra, urinary abscess, etc 123. 124.

Diseses of prostate 125. 126. Nonvenereal diseases of (male) geni-

tal organs Metritis

Uteriae hemorrhage (nonpuerperal) 128. 129. Uterine tumor (noncaucerous)

Other diseases of uterus 130. Ovarian tumors I31.

Diseases of tubes Other diseases of female genital

133. Nonpuerperal diseases of the breast (cancer excepted)

VII. CHILDBIRTH.

Accidents of pregnancy 135. Puerperal hemorrhage Other accidents of labor 136.

Puerperal septicemia Puerperal convulsions

139. Puerperal phlegmasia alba dolens Other puerperal accidents 140. 141. Puerperal diseases of the breast

VIII. DISEASES OF THE SKIN.

Gangrene

Carbuncle 143. 144. Abscess

145. Other diseases of the skin

IX. DISEASES OF THE LOCOMOTOR SYSTEM.

146 Diseases of bones Diseases of joints

Amputation

149. Other diseases of organs of locomotion

X. MALFORMATIONS.

Hydrocephalus Congenital malformation of heart cynosis Other congenital malformations

XI. EARLY INFANCY.

J Premature birth I Congenital debility

152. Other diseases of early infancy

153. Lack of care

XII. OLD AGE.

154. Old age

XIII. VIOLENCE.

Suicide Suicide by asphyxia

Suicide by hanging or strangulation Suicide by drowning Suicide by frearms 157.

159.

Suicide by cutting instruments 160.

Suicide by jumping from high places 161. 162.

Suicide by crushing Other suicides 163.

Fractures 164. Dislocations 165.

Accidental gunshot wounds Injuries by machinery

Injuries in mines and quartes 166. Railroad accidents and injuries Injuries by horses and vehicles Other accidental tranmatisms

Burns and scalds

Burning by corrosive substances Heat and sunstroke 169.

Cold and freezing 170.

Lightning 171. 172. Drowning

Starvation, privation: etc. Inhalation of poisonous gases 173.

Other accidental poisonings Suffocation

Injuries at birth Homicide

Other external violence

XIV. ILL-DEFINED DISEASES.

'Dropsy"

Sudden death Heart failure

Inanition (over 3 months Debility (over 3 months) Marasmus (over 3 months)

Hever Other ill-defined diseases Unknown

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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No... Ilf death occurred in St:Ward) a hospital or Institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. MARRIED. MARRIED. SEX 4 COLOR OR RACE WIDOWED, (Month) (Day) (Year) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date atated above, at. 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country State yrs, ____ mos. ot death yrs. mos. ds. Where was disease contracted. It not at place of death?... Former or usual residence. OF BURIAL OR REMOVAL

REGISTRAR

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin 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 ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yes.). been changed or given up on account of the biseass of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home, duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speck statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory, (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING BEATH, state occupation at beginning of III-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—imary 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," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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to that it may be p 50 of information should be DEATH in plain terms. WRITE CAUSE OF

3 SFY

7 AGE

PARENTS

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6 DATE OF BIRTH

8 OCCUPATION (a) Trade, protession, or particular kind of work...

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

(Address)

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

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

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

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REMATRAR

If more blanks are needed, address State, Begis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

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

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PHYSICIANS should of OCCUPATION IS Exact statement EXACTLY. stated properly classified. should AGE of information should be earefully supplied.

**DEATH in plain terms, so that it may be See instructions on back of certificate. WRITE CAUSE OF Important. B.-Every

state. Very 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

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[if death occurred in a hospital or institution. give its NAME instead

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S electr	16 DATE OF DEATH MAY 15
MARRIED, WIDOWED, ORDIVORCED ORDIVORCED	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Onay 2 3 1911 (Month) (Day) (Year) AGE It LESS than	that I last saw h alive on
OCCUPATION (a) Trade, profession, or particular kind of, work (b) Deneral nature of industry, business, or establishment in which employed (or employer)	Ouration) yrs. mos. ds.
(State or country) Dylovilee nof.	(Signed) (Duration) yrs. mos. ds. (Signed) (Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF A SIOSA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS) At place in the of death yrs
(Informant) There are the BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Address).	Date of Burial on REMOVAL DATE OF BURIAL 26

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Rèquesting V. S. No. 1.

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

CAUSING DEATH, State occupation at beginning of illgainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an applies to each and every person, irrespective of age ness of various pursuits can be known. The question cuted thus: Farmer (retired 6 yes.). of persons engaged in domestic service for wages, duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulwho have no occupation whatever, write None, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death is affection with respect to thue and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal free (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feece (never report "Typhoid preumonia"); Lobar preumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercustionia of lunga, meningen, peritonacum, etc... Carcin-

such, if impossible to determine definitely. childbirth or miscarringe, as "PURRPERAL septicheecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urnemia," "Weakness," genital," "Senile," etc.), ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. nant neoplasms) ; Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma, etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepais, telanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by rathcay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF HS probably which surgical operation was undertaken. For viomia," "Puerferal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalcular heart disease; Chronic interstitial nephritis, "Contributory." injury, as fracture of skull, and consequences (e. E. LENT DEATHS State MEANS OF INJUSY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 de. The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:

BINDING FOR RESERVED MARGIN

V. S. No.

F DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.—Every Item of Information should be esrefully supplied. CAUSE OF DEATH in pisin terms, so that it may be

Important.

Flied May 15 , 191/

state

RECORD

	PLACE OF DEATH	STATE OF MARYLAND
-	unty Harford	CERTIFICATE OF DEATH
Co	unty	Registered No.
Vi	*FULL NAME GEORGE W.	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 55	rale White the word)	16 DATE OF DEATH May 9 1 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended Toceased from
6 D	(Month) (Day) (Year)	that I last saw h was alive on Photograph Grand, 1911.
TAC	yrs mos. ds. or min.?	and that death occurred on the date stated above, st
(a)	Prade, profession, or chicular kind of work. Seneral nature of industry,	Ottome Enterdene Maderiale
bus	ness, or establishment in Johnman	(Duration) yrs. mos. ds.
9 BI	RTHPLACE (ate or country) Harri-de Grain.	Contributory (Secondary) (Duration) yrs mos ds.
	10 NAME OF Jivige lawer -	(Signed) Control of Co
ENTS	(State or country) Have De Leu he	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAREN	12 MAIDEN NAME Countries	# TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place of death
	(Interment) Hans & Connection of the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
	(Address) But an man	A Contract of BURIAL OR REMOVAL PATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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

ness cated thus: Farmer (retired 6 yea.). CAUSING BEATH, State occupation at beginning of IIIof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite sainry), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Serrant, Cook, Housemuid, etc. If the occupation has (a) Spinner, been changed or given up on account of the DISEASS Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If refired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons "Foreman,

Statement of cause of death—Name, first, the pharass causes of death—Name, first, the pharass cause of death—Name, first, the pharass cause 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 meningtitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perfondeum, etc.. Carcin-

cause. Always qualify all diseases resulting from cer" is less definite; avoid use of "Tumor" for maligchildbirth or miscarriage, ag "Pursereal septiches mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 da.; ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental dresoning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably THEN DEATHS STATE MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERFEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-Never report

RECORD	PHYSICIANS should state t of OCCUPATION Is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	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 properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
County Hurford	CERTIFICATE OF DEATH Registered No
VHage or City Cety (No. Year)	St; Ward) [It death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH May 79 1911	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decessed from May 21 — 1911, to May 29, 1911,
(Month) (Day) (Year) 7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 3 2 mm, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) C OF FATHER (State or country) 12 MAIDEN NAME	(Duration) yrs. mos. ds. Contributory (Secondary) (Duration) yrs. mos. ds. (Signed) , M. D. (Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrs,mos,ds. Where was disease contracted,
(Informant) (Address)	If not at place of death? Former or osual residence. 19 PLACE OF BURNAL OF REMOVAL OF SURIAL MARKET STATE STATE OF SURIAL MARKET STATE OF SURIAL MARKET STATE STATE OF SURIAL MARKET STATE STATE STATE OF SURIAL MARKET STATE
Fled May 50 1811 M. Detrois REGISTRAR	Leo Permythe for deliver
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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

cated thus: Earmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At achool or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. ficution, as Day Invoier, Farm laborer, Laborer-Coa. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Servant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons 3

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fetter (the only definite synonym is "Epidemic cere trospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid pieumonia," unqualified, is indefinite); Tubercu-tosia of tanga, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: which surgical operation was undertaken. childbirth or miscarriage, as "Puzarraal septichdecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urnemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencladent; Revolver scound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJUNY and qualify an mia," "Purspenat peritonitis," etc. State cause for genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Ansemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." sepsis, icianus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway frain-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF RE PRODUBLY Bronchopneumonia (secondary), 10 da. Sarconia, etc., of The contributory (secondary or intercurrent) Measles (disease causing death), 29 da.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Never report For VIO-

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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT Exact classified. 4 properly INK UNFADING may certificate. 80 -WITH back 60 PLAINLY, Instructions plai Information = WRITE 10 Item FO mportant. Every It

BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE

(Informant).

OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST

OF FATHER (State or country)

OF MOTHER

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Ilt death occurred in St:Ward) a hospital or institution, give its NAME Instead ot street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, Widowed. (Month) Write the word) I HEREBY CERTIFY, That I attended decessed from 17 1832 that I last saw h..... alive on (Day) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. OR ? 8 OCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory ... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER

(Signed) Mcharl J Falrey Corones, M., 191 (Address) Garred Phase

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

TAL, SUICIDAL, OF HOMICIDAL

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place			In the			3
ot death	yrs mos.	ds.	State	yrs,	mos	ds
	ease contracted,					
It not at place	ot death?					

-					
19	PLACE	OF	BURIAL	OR	REMOVAL

May 24, 1911

20 UNDERVAKER

Former or

usual residence

Pennington Son

Have de In

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Ciril engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative bealthful-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, Nerrunt, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If refired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples For persons The 6

Statement of cause of death—Name, first, the marker causing meath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term (the only definite synonym is "Epidemic cerebrospinal meaningitis"); Diphtheria (avoid use of "Croup"); Typhoid feter (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutation of lungs, meniages, peritonseum, etc., Carcin-

dent; Revolver wound of head-homicide; Potsoned such, if impessible to determine definitely. LENT DEATHS STATE MEANS OF INJUST and qualify as which surgical operation was undertaken. For vicmia," "PURRPERAL peritonitis," etc. childbirth or miscarriage, as "Puzzeran septicheecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," genital," "Senile," etc.), thenia," "Annemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms) ; Measles; Whooping cough; Chronia cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway frain-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Consepsis, tetanus) by carbolic acid-probably suicide. The unture of the Bronchopneumonia (secondary), 10 da. "Contributory." Sarcoma, etc., of The contributory "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:

RECORD PERMANENT BINDING INK-THIS 0 ERVED UNFADING ES WITH ARGIN

LACE OF DEATH ICIANS should PHYSICIANS PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3 SEX MARRIED WIDOWED, Write the word) 6 DATE OF BIRTH (Day) (Year) Month) It LESS than TAGE 1 day,hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, pe supplied business, or establishment in may which employed (or employer) ⁹ BIRTHPLACE (State or country) that 10 NAME OF FATHER 80 back BIRTHPLACE PARENT OF FATHER should (State or country) 12 MAIDEN NAME plain OF MOTHER Instructions Information 13 BIRTHPLACE 5 OF MOTHER DEATH of Item OF mportant. ы Every m z

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St.;....Ward)

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

16 DATE OF I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at (Buration) Contributory..... (Secondary) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs. mos. State yrs, mos. Where was disease contracted. It not at place of death? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

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

duties of the household only (not paid Housekeepers who have no occupation whatever, write None ented thus: Farmer (retired 6 yra.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home, who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Oivil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," Coal The 9

Statement of cause of death—Name, first, the DIRKARE 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," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railieay train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purarraan septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measter; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report Examples: da.

PERMANENT 4 UNFADING INK-THIS IS

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very be stated EXACTLY. properly classified. pinode AGE carefully supplied. may be certificate. that It 2 0 WITH should be DEATH in pialn terms, See instructions on back WRITE PLAINLY, of Information CAUSE OF

PLACE OF DEATH BSEX ene 6 DATE OF 7 AGE BOCCUPA (a) Trade, p particular k (b) Gameral business, or which emple State or 10 NA PARENTS 11 BI (Sta 12 MA 13 BII 14THE AR (Informa Filed F

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St		Wa	rd)
1000	F-11110001111	US 2 - 2 - 2	

(If death occurred in a hospital or institution, nice Ity MAME Inches

FULL NAME Nova Flores	see Hunk of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ale Helite (Write the word) BIRTH Bettember 76 1874	16 DATE OF DEATH MAY (Month) (Dat), 191/ (Month) (Dat) (Year) 17 I HEREBY GERTIFY, That I attended deceased from May 25 . 191).
(Alfonth) (Day) (Year) 36 yrs. 7 mos. 36 ds. OR min.?	and that death occurred on the date stated above, at, m. The CAUSE OF DEATH* was as follows:
TION refession, or Hursewife	Carcinoma of the breast
nature of industry, establishment in yed (or employer)	alter and to the own de
Country) Maryland-	(Secondary) Melastanes (paration) yrs 10 mos 17 es.
ME OF Bigale Rosier	(Signed) Muleon Duginich . W. D. May 12 1911 (Address) Stewartstaund Pa.
FFATHER (Deaugland	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Gauses, state (1) Means of Injust; and (2) whether Acciden-
F MOTHER Elizabeth bracey	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ON RECENT RESIDENTS)
MOTHER MOTHER MANUALLY	At place in the of death yrs, mas, ds. State yrs, mos, ds. Where was disease contracted.
to Charles Tilen House	If not at place of death? Former or usual residence.
Herr Jack Ja.	Met Jogs County They 15. 191 1
ray 17, 1911 et e Comme MA	Hartenstein & Nonemaker Bentley had

If more blanks are needed, address State Registration. Franklin St., Balto., Requesting V. S. No. 1.

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

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yes.). For persons CAUSING DEATH, state occupation at beginning of III-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISTARE mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (%)

lasts of lungs, meninges, peritonaeum, etc., pneumonia"); CAUSING DEATH (the primary affection with respect to brospinal meningitis"); Diphtheria (avoid fever (the only definite synonym is "Epidemic cere-("Pneumonia," unqualified, is indefinite); Tubercuterm for the same disease. time and causation), using always the same accepted Statement of cause of death-Name, first, the marans Typhoid Lobar pneumonia; Bronchopneumonia feser (never report "Typhoid Examples: Cerebrospinal Carcinnse of



sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of dent? Revolver second of head-homicide; Poisoned Accidental drowning; Struck by rallicay train-accisuch, if impossible to determine definitely. mia," "Puespunal peritonitis," etc. State cause for childbirth or miscarriage, as "Puraperal septichae-CRUSE, mus," "Old Age," "Shock," "Urnemia," "Weakness," cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. %, by carbolic acid-probably suicide. The nature of the ACCIDENTAL SUICIDAL OF HOMICIDAL OF BE probably LENT DEATHS STATE MEANS OF INJUST and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Annemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic oma, Sarconia, etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (name origin; "Can-"Exhaustion," Never report Examples FOF VIO

RECORD	PHYSICIANS should to of OCCUPATION is
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	m of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should DF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate.
I UNFADING IN	so that it may be professional
RITE PLAINLY, WITH	m of information should be esrefully su DF DEATH in plain terms, so that it m See instructions on back of certificate.
3	ELL

OF Every Item CAUSE OF Important.

state Very

10

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No... Ilf death occurred in St:Ward) a hospital or Institution, give its NAME instead of streef and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. 1911 WIDOWED, (Month) (Day) (Year) ORDIVORCED Write the word) That I attended deceased from 17 6 DATE OF BIRTH that/ (Day) (Year) (Month) If LESS than TAGE 1 day, hrs. min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) (Duraflon) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE Z OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-RE TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country of death yrs. mos. ds. Stafe yrs. ___ mos. ... Where was disease confracted, KNOWLE if not af place of death?-Former or usual residence. DATE OF BURIAL (Address) 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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

ented thus: Farmer (retired 6 gra.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At achool or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. ficution, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciканешент material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cuses, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotice engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples For persons "Foreman," The 3

Statement of cause of death—Name, first, the Dibrass causing death (the primary affection with respect to thus noted 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 paeumonia," unqualified, is indefinite); Tuberculosis of lange, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," cer" is less definite; avoid use of "Tumor" for mailty dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Puzzreral septicheeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Ansemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma, etc., of ... cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF HS probably ample: Measles (disease causing death), 29 de.; ture of the American Medical Association.) "Contributory," sepsis, tetanus) injury, as fracture of skull, and consequences (e. 8-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For vio--acct-

1 PLAC	CE OF DEATH	STATE OF MARYLAND
County 5	ayord (CERTIFICATE OF DEATH Registered No
Village or Cit	L NAME Charles Henry	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSO	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May 4 (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRT	May /6, 1831 (Month) (Day) (Year)	that I last saw h im allve on Och 18 1911
7 AGE	7 9 yrs. mos. ds. OR min. ?	and that death occurred on the date stated above, at 6 0 m, The CAUSE OF DEATH* was as follows:
	ork of industry,	Gontributory afkanatura
9 BIRTHPLACE (State or countr	naw land	(Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER	Codward fackson	(Signed) forkerney, M. D. , 191 (Address) Abrolie ha
11 BIRTHPL OF FATH (State or co	NAME (AAC ()	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOT 13 BIRTHPL OF MOTH (State or c	ACE /	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs,
(informant)	STRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Address)	abrodeen Mayland - 1911 Chas H Kuele	19 PLACE OF BURIAL OR REMOVAL Bakis Cerety Mr. abude May 6 , 1911 20 UNDERTAKER ADDRESS
\sim	REGISTRAN	Henry January aberden Mo
0	If more blanks are meeded, address State Registra	ar, 6 E. Franklin/St., Balto., Requesting V. S. No. 1.

CTATE OF MADAILAND



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

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Serrant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home, Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers wine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coa. statement. uniterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, o. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-'Manager," "Dealer," etc., without more precise speci-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (u) Salesman, If retired from business, that fact may be indi-Never return "Laborer," As examples For persons "Foreman," 3

pneumonia") : Lobar "Croup"): brospinal meningitis"); time and causation), using always the same accepted CAUSING BEATH (the primary affection with respect to force (the only definite synonym is "Didemic cere term for the same disease. "Pneumonin," Statement of cause of death-Name, first, the Disease of lungs, menistycs, perstonacum, etc., T'uphoid unqualified, is indefinite); Tuberouparamonia; Bronchopneumonia fever Diphtheria (avoid use of Examples: Cerebrospinal (never report "Typhoid Carcin

> dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PURRERAL peritonitis," etc. childbirth or miscarriage, as "Pururnan septicheecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urnemin," "Weakness," ample: Measles (disease causing death), 29 de.; LENT DEATHS State MEANS OF INJURY and qualify as thenin," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, telanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railreay train-ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS Probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marusgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 da. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronia "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples: For VIO-

No. 200

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state Very

PHYSICIANS should of OCCUPATION IS RECORD PERSONAL AND STATISTICAL PARTICULARS Exact statement EXACTLY. 3 SEX 4 COLOR OR RACE 6 DATE OF BIRTH properly classified. (Month) be 7 AGE pinous 8 OCCUPATION AGE (a) Trade, protession, or particular kind of work. (b) General nature of industry, carefully supplied. pe business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER 9 of pe BIRTHPLACE See instructions on back plain terms, PARENT OF FATHER (State or country) pinous 12 MAIDEN NAME OF MOTHER of Information 13 BIRTHPLACE = OF MOTHER (State or country DEATH WRITE CAUSE OF Item Important. (Address)

1 PLACE OF DEATH

5 SINGLE,

MARRIED, WIDOWED,

ORDIVORCED (Write the word)

(Day)

It LESS than

1 day,hrs.

OR ?

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

CI.	Word

(it death occurred in a hospital or institution, give Its NAME instead of street and number.]

MEDICA	L CERTIFICATE OF	F DEATH	
16 DATE OF DEATH	May	7	. 191
	(Month)	(Day)	(Year)
17 I HEREE	Y CERTIFY, That I	attended ded	eased from
once only,	1911 sa Muce	46	191/
		/	. /
hat I last saw h	/		
and that death occurred	an the date stated	shave at &	P
		above, at	
The CAUSE OF DEATH	* was as follows:		
	·····	aY.,	
Muller J. G	no tube	neulo	sid.
***************************************	(Duration)	yrs. /m	os. d
Contributory			
(Secondary)			
***************************************	(Doration)	yrs // m	os. d
(Signed) A F PY	4.01.	1	
May 8 , 191/	(Address) Farl	1 rug	
		III deaths Ifon	I ATOMENT.
*State the DISEASE (CAUSES, state (1) ME	ANS OF INJURY; and	(2) whether	ACCIDEN-
*State the DISEASE (ANS OF INJURY; and	(2) Whether	ACCIDEN-
*State the DISEASE (CAUSES, state (1) ME, TAL, SUICIDAL, or HOM	ANS OF INJURY; and dicidal. NCE (For Hospitals.		
*State the DISEASE (CAUSES, state (1) MEJ TAL, SUICIDAL, OF HON 18 LENGTH OF RESIDET OR RECENT RESIDENTS)	ANS OF INJURY; and ficidal. NCE (FOR HOSPITALS,		
*State the DISEASE (CAUSES, state (1) ME, TAL, SUICIDAL, OF HOA 18 LENGTH OF RESIDET OR RECENT RESIDENTS) At place	ANS OF INJURY; and fICIDAL. NCE (FOR HOSPITALS,	INSTITUTIONS,	TRANSIENT
*State the DISEASE (CAUSES, state (1) MEJ TAL, SUICIDAL, OF HON 18 LENGTH OF RESIDET OR RECENT RESIDENTS)	ANS OF INJURY; and ficidal. NCE (FOR HOSPITALS, In the S	INSTITUTIONS,	TRANSIENT
*State the DISEASE (CAUSES, State (1) ME TAL, SUICIDAL, OF HON 18 LENGTH OF RESIDET OR RECENT RESIDENTS) At place of death yrs	ANS OF INJURY; and sicilal. NCE (FOR HOSPITALS, in the s	INSTITUTIONS,	TRANSIENT
*State the DISEASE (CAUSES, state (1) MEATAL, SUICIDAL, OF HON 18 LENGTH OF RESIDER OF RECENT RESIDENTS At place of death	ANS OF INJURY; and sicilal. NCE (FOR HOSPITALS, in the s	INSTITUTIONS,	TRANSIENT
*State the DISEASE (CAUSES, state (1) ME, TAL, SUICIDAL, OF HOA 18 LENGTH OF RESIDET OR RECENT RESIDENTS) At place of death	ANS OF INJURY; and sicilal. NCE (FOR HOSPITALS, in the s	INSTITUTIONS,	TRANSIENT
*State the DISEASE (CAUSES, state (1) MEATAL, SUICIDAL, OF HON 18 LENGTH OF RESIDER OF RECENT RESIDENTS At place of death	ANS OF INJURY; AND SIGNALS, IN the S ds. State	INSTITUTIONS,	TRANSIENT

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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

who have no occupation whatever, write None. cated thus: Farmer (retired 6 pra.). CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home, Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. uniterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the piskass Serrount, Coult, Housemaid, etc. If the occupation has (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples For persons "Foreman,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decision with respect to the 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," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

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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 properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN F. B. No. 1.

PLACE OF DEATH	STATE OF MARYLAND		
Adarland	CERTIFICATE OF DEATH		
County Tally Dell	AAA Registered No.		
40.	[if death occurred in		
Village or City Tong don (No.	,		
10	give its NAME instead of street and number.		
FULL NAME COMMA LA	1.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX 4 COLOR OR RACE S SINGLE, MARRIED, A	16 DATE OF DEATH May 30 101		
WIDOWED, Surge	(Month) (Day) (Year)		
Servale (Write the word)	17 MAR I HEREBY GERTIFY, That I attended decessed from		
\$ DATE OF BIRTH 2 /2 189	1911, to 1911,		
(Month) (Day) (Year)	that I last saw h alive on Way 25 ,191		
7 AGE If LESS that	and that death occurred on the date stated above, at 40, m.		
1 day,hr	The CAUSE OF DEATH* was as follows:		
/ yrs. 9 mos, / ds. OR mln.?			
© OCCUPATION (a) Trade, profession, or	tellmonany substitutores		
particular kind of work			
(b) General nature of industry, business, or establishment in	(Ouration) / yrs. mos do		
which employed (or employer)	Contributory		
State or country)	(Secondary)		
- mery faire	Offglion yes mos is.		
10 HAME OF FATHER	(Signed) . M. D.		
11 BIRTHPLACE	- Mey 30191 (Address) edgrewood Mo		
11 BIRTHPLACE OF FATHER (State or country) Mary land 12 MAIDEN NAME OF MOTHER Amage Slilka	*State the DISEASE CAUSING DEATH, or/in deaths from VIOLENT		
M 12 MAIDEN NAME / 1 1 1 1 1 1	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
of MOTHER Anna Stelka	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the		
(State or country) Maryland	of death yrs. mos. ds. State yrs, mos. ds.		
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseaso contracted, If not at place of death?		
(Informant) John Alifea	Former or usual residence		
Abmadon bid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address)	It Francis Country James 1911		
15	20 UNDERTAKER About ADDRESS		
Filed	Howard / Mclemas Abingolon		
If more blanks are needed, address State Revie	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		
IT MALE DISTURB DIE MARCON WOOLENS DISTA WESTE	was a me a summing out, Dailty, Madagasting to S. My. 1.		

STATE OF MARYLAND

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

ested thus: Farmer (refired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housestife, Housestork, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (a) the kind of work and also (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the Duranas CAURING 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 cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar preumonia; Bronchopneumonia ("Fraeumonia," unqualified, is indefinite); Tubercu-tosts of lunga, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsia, telanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF HE Probably LENT DEATHS STATE MEANS OF INJUST and qualify as mia," "PUREPERAL peritonitis," childbirth or miscarriage, as "Punnenal septicheccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemin," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malls. oma, Sarcoma, etc., of .. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 da, Never report valvular heart disease; Chronio interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronia The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State (name origin; "Can-Examples: cause for For vio-

state Very YSICIANS should PHYSICIANS RECORD Jo Exact statement PERMANENT EXACTLY. stated properly classified. 4 pe pinous INK-THIS AGE supplied. pe UNFADING may certificate. carefully that o WITH pe See instructions on back pisin terms, pinoda PLAINLY, of information DEATH WRITE CAUSE OF Important. M ż

7 AGE

PARENT

BOCCUPATION

BIRTHPLACE (State or country)

(a) Trade, profession, or

particular kind of work...

10 NAME OF FATHER

IT BIRTHPLAC

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

Filed Mar 2st

(Informant)

(b) Beneral nature of Industry,

business, or establishment in

which employed (or employer) -

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No..... [If death occurred in St: Ward) Viffage or City a hospifal or institution, give its NAME instead of sfreef and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND 3 SEX 4 COLOR 6 DATE OF BIRTH

if more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

STATISTICAL PARTICULARS	<u> </u>
OR RACE 5 SINGLE, MARRIED, Surgle WIDDWED, ORDIVORCED	16 DATE OF DEATH May 2 3 , 191/ (Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended decessed from
Jan 151 1910	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h alive on
If LESS than 1 day,hrs. ORmln. ?	and that death occurred on the date stated above, at
	and I am confiend that he
	die of Strangusted Louration yes mos ds.
Low Co. md	Contributory Offangalatio Harma (Secondary) (Decardon) yrs mos ds
u Eddie Protony	(Signed) MSturle No. 0. 0.
ml.	State the DISEASE CAUSING DEATH, or, indeaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
Tebrih Probster	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
die mohry	Where was disease confracted, if not at place of death? Former or usual residence.
arlingtry my	19 PLANE OF BURIAL OR REMOVAL DATE OF BURIAL

No. 00

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

cuted thus: Farmer (retired 6 yes.). fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. gainfully employed, as At school or At home, Care duties of the household only (not paid Housekeepers uniterial worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of filbeen changed or given up on account of the Diszass Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples For persons (0)

Statement of cause of death—Name, first, the business causing death—Name, first, the business causing always the same accepted term for the same disease. Examples: Cerebrospinal ferrer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthesia (avoid use of "Croup"); Typhoid feter (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercustonia of lunga, meninges, peritonicum, etc., Carcin-

ample: Measles (disease causing death), 29 childbirth or miscarriage, as "Puzzezzan septicheemus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by rallway train-accisuch, if impossible to determine definitely. LENT DEATHS STATE MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronio interstitial nephritia oma Sarcoma etc., of "Contributory," by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS STODERS Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:

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

1 PLACE OF DEATH

County Harford	CERTIFICATE OF DEATH		
VIIIago or City Harrecle Shace (No. Fire	give its NAME instead of atreet and number.		
-FULL NAME	Mouse,		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from		
Rosember 25, 1839.	May 8 1911 to May 15 1911. that I last saw have alive on may 15 1911		
7 AGE (Month) (Day) (Year) 1 LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at 1,000 m. The CAUSE OF DEATH* was as follows:		
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of indostry, business, or establishment in Boas of Rail Road Confessions which employed (or employer)	Multipal Huntes (Ouration) 5 yrs, - mos cs.		
9 BIRTHPLACE (State or country) Massachusetts,	(Secondary) (Secondary) (Daration) A yrs. O mos. 4 ds		
10 NAME OF John Rouse.	(Signed) The Steiner N. D. W. D. May 15, 1911 (Address) Harry & June my		
OF FATHER (State or country) Service (State or country) 12 MAIDEN NAME OF MOTHER Sarah West,	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country) Lerwary	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death		
(Informant) The Best of My Knowledge	Where was disease contracted, If not at place of death? Former or usual residence		
(Address) Havede have, Mid. Filed May 16, 1911 M. Seuttman	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Augel Hills Century May 18, 1911 20 UNDERTAKER ADDRESS		
REGISTRAR	J. M. Derwingtow Sow, Hawede make		

STATE OF MARYLAND

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

who have no occupation whatever, write None, cated thus: Farmer (retired 6 yes.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home, duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. muterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite sainty), may be entered as mine, otc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the nuss of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Physician, Compositor, Architect, Locomotice engineer Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples For persons "Foreman.

loxis of lungs, pueumonia"); Lobar pneumonia; Bronchopucumonia brospinal meningitis"); term for the same disease, time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Pneumonia," Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic cere-Tupkoid meninges. unqualified, is indefinite); Tuberes Toper Diphtheria (avoid use perifonacum, etc. Carcin (never report "Typhoid Examples: Cerebrospinal

> cause. Always qualify all diseases resulting from ample: Meastes (disease causing death), 29 da,; valvular heart disease; Ohronic interstitial nephritia cause of death approved by Committee on Nomenciasuch, if impossible to determine definitely. mia," "PUESPERAL peritonitis," etc. childhirth or miscarriage, as "Puznezzan septichoeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urnemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless nant neopiasms); Magales; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malleture of the American Medical Association.) "Contributory." sepsia, tetanus) injury, as fracture of skull, and consequences (e. 8, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL OF HOMICIDAL OF AS Probably LENT DEATHS SINCE MEANS OF INJUST and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," oma. Sarcoma. etc., of ... The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for important. Examples:

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

N. B.

Very

PLACE OF DEATH

Course Harfiel	CERTIFICATE OF DEATH
County Yacquar	Registered No.
Village or City Harfind Firmack (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
Trala White (Write the word)	16 DATE OF DEATH MMY (Month) / (Day)/9// (Year) 17 I HEREBY CERTIFY, That I attended deceased from
e DATE OF BIRTH Maich 14, 1407 (Mouth) (Day) (Year)	May 15, 1911, to May 15, 1911, that I last saw h war alive on May 15, 1911
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 9.3.0 m. The CAUSE OF DEATH* was as follows:
CCUPATION (a) Trade, profession, or particular kind of work	Contributory Paraly sis
9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Jahn Schuttz 11 BIRTHPLACE	(Secondary) (Deration) yrs mos / ds (Signed) J. A. Collahon , M. D.
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER	*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) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or
(Informant) Carry Starford Flinswell 15	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Date of Burial Date of Burial
Filed	20 UNDERTAKER HOWARD KM - Course Houngstone 18. 6 E. Franklin St., Balto, Requesting V. 8 No. 1.

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yes.). For persons of persons engaged in domestic service for wages, as It should be used only when needed. As examp (a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, State occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," -Coal (8)

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"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Pumpenal septicadecause. Always qualify all diseases resulting from such, if impossible to determine definitely. Examples ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS STATE MEANS OF INJUST and qualify as mia," "Pumpenan perifonitis," etc. State cause for etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Urnemin," "Wenkness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asnant neoplasms); Meauler; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencia-"Contributory," scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned thenia," "Annemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) Accidental drosoning; Struck by railreay train-acciwhich surgical operation was undertaken. For vio-Bronchopnoumonia (secondary), 10 da. Never report oma, Sarcoma, etc., of The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion,

RECORD

1 PLACE OF DEATH 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 properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. County Haynd

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

V	Prull NAME haria & Seet	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junale Black Single, willow or		16 DATE OF DEATH May (U- (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decessed from
0 0	(Month) (Day) (Year)	that I last saw h S. alive a a mouth brusher to des 191/
7 A		and that desth occurred on the date stated above, at 12 30 am, The CAUSE OF DEATH* was as follows:
(a) par (b) bus	OCUPATION Trade, profession, or ricular kind of work General nature of industry, iness, or establishment in ich employed (or employer)	Clerdiac US my Souther (Duration) yrs. mos. ds.
(8	10 NAME OF FATHER Robert Rose	(Signed) (Buration) yrs mos ds. (Signed) (Address)
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death
14-	(Informant) Bul an Ind	Where was disease contracted, If not at place of death? Former or USUAL PSIDE OF BERNAL OR REMOVAL DATE OF BURNAL ADDRESS
FI	led May 11 191 f PRESISTAN	Dr. Dean & Son Bel an has

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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

mess who have no occupation whatever, write None, cuted thus; Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home, Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Mannger," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the death term for the same disease. Examples: Cerebrospical term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lunga, meninges, peritonaeum, etc., Carcin-

'cer" is less definite; avoid use of "Tumor" for malleby carballa acid-probably suicide. The nature of the mia," "PUERPERAL peritonitie," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senlle," etc.), ample: Measles (disease causing death), 29 de.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsia, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver second of head-homicide; Potioned Accidental drowning; Struck by radioay trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS PRODUBLY LENT DEATHS STATE MEANS OF INJUSY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purapraat septicheecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenin," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:

4 INK-THIS UNFADING

SICIANS should occupation is PHYSICIANS RECORD Exact statement PERMANENT classified. properly pe may certificate. 0 o terms. should plain Instructions WRITE ō Q Item PO mportant. CAUSE m

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. lit death occurred in Ward) a hospital or Institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S MINGLE, 4 COLOR OR RACE 3 SEX MARRIED, WIDDWED. (Month) (Day) (Year) Write the word) I HEREBY CERTIFY. Ihat I attended deceased from (Day) (Year) (Month) it LESS than 7 AGE 1 day,hrs. OR 7 6 OCCUPATION (a) Trade, protession, or particular kind of work, (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the OF MOTHER of death . yrs. . / mos. . . ds. State yrs. ____ Where was disease contracted. It not at place of death? Former-orusual residence DATE OF BURIAL (Address) 12 , 191. 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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

mess. who have no occupation whatever, write None. ested thus: Farmer (retired 6 yes.). CAUSING DEATH, state occupation at beginning of III-Servent, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Houseurife, Houseurerk, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Mannger," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the pistass For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples For persons "Foreman," 6

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease cause of death—Name, first, the disease 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," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause. Always qualify all diseases resulting from enuse of death approved by Committee on Nomenclaby curbolle acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vicmia," "PUERFERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Purnrenal acptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Annemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 da.; affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritia. nant neoplasms); Measles; Whooping cough; Chronia cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma, etc., of ... The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:

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.

	state
	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 properly classified. Exact statement of OCCUPATION is very important. See instructions on back of cartificate.
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ECC	HYSI of oc
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D H	9 0 0
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AIN	ation plain
PL	FH II
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be earefully sup CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
WRITE PLAIN	P OF
	IUSE porta
	A SE
	z.

	PLACE OF DEATH	STATE OF MARYLAND
		CERTIFICATE OF DEATH
Co	unty Vacata	4)
	100 8	Registered No.
Vi	llage or City Tylesvylle (No.	St; Ward) [if death occurred in a hospital or institution, give its NAME instead
	Jaelle Thom	ot street and number.]
X.	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,		(Month) (Day) (Year)
11	lalf (white the word)	I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH May - 8 1825		Jan 19 191 (to Jany 19 1911), that I last saw k his alive on Jany 19 1911
TAC		and that death occurred on the date stated above, at // A.m.
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
1	mos, ds. OR min.?	41
	OCCUPATION OCCUPATION	I presume apoples -
	Trade, protession, or tobally desabled from any	
(b)	General nature of industry,	du hour on tropuration) we made
	ness, or establishment in chemployer (or employer)	(Duration) yrs. mos. 88.
		(Secondary)
(S	RTHPLACE (ate or country) Md.	Catega heart men and had
	10 NAME OF don't know	(Signed) The Constitution Vallo Hawkin
S	11 BIRTHPLACE	May - 1, 191 (Address) Jaun orong
PARENT	(State or country) don't know	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
	12 MAIDEN NAME LOS RUNN	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) don't know	At place In the of death yrs, mos ds. Stata yrs, mos ds.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseasa contracted, It not at place of death?
(informant) John Deathy		Former or
		usoal rasidence.
	(Address) Tylcsvill - M)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1.5	and the state of	J. Jan M. S. Cemelery May 10, 191.
FI	10 May 10 , 1911 Howard Gracion	20 UNDERTAKER ADDRESS
8.81	REGISTRAR	Graffon Devol Onlesville ma
	If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuicated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSINO 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," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify aii diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronto interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-

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V. S. No. 1.

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 properly classified. Exsct statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH	STATE OF MARYLAND
County Harrol	CERTIFICATE OF DEATH
	Registered No.
Village or City Houst Holling.	St; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME UN SMC//	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
hale While (Write the word)	16 DATE OF DEATH Lay 22 , 1911
B DATE OF BIRTH (Month) (Day) (Year)	that I last saw him alive on april 28 1911.
yrs. J mos. J ds. lf LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9 P. m. The GAUSE OF DEATH* was as follows: Rupture of Pulsuonary Artery
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Sudden death, asphyxia d (Buratlen) Syncope (secondary) (Secondary) (Secondary) (Secondary) (Secondary)
10 NAME OF FATHER RAWN INCHEN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	(Signed) Q. 7. U.S. M. D. (Signed) Q. M. D. (Signed) Q. 7. U.S. M. D. (Signed) Q. M. (Signed) Q. M. D. (Signed) Q. M. (Signed) Q. M.
13 BIRTHPLACE OF MOTHER TOURS THE STATE OF MOTHER (State or country) These Hill Ind	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant) Cargue To the BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence
(Address) And Hull Man. Filed May 11, 191 1 James A Lylo REGISTRAR If more blanks are needed, address State Registra	20 UNDERTAKER LEM Y SON BURIAL ADDRESS LEM Y SON BULL SILL ADDRESS BULL SILL BULL S

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

fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulgainfuily employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dcaler," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causino 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," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

valvular heart disease; Chronic interstitial nephritis childbirth or miscarriage, as "Puraperal acptichee etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms) ; Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malty ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Resolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train such, if impossible to determine definitely. ACCIDENTAL SUICIDAL OF HOMICIDAL OF BE Probably LENT DEATHS STATE MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puenrenal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Ursemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 da. oma, Sarcoma, etc., of .. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) The contributory Always qualify all diseases resulting from "Senfle," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: 01

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PLACE OF DEATH	STATE OF MARYLAND
Harry de	CERTIFICATE OF DEATH
Gounty 1 WU fu Col	Registered No.
Village or City Arthury (No. In	St; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal Black (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
Month (Day) (Year)	May 15 , 1911 , to May , 1911 that 1 last saw hat alive on May 15, , 1911
It LESS than	and that death occurred on the date stated above, at
(e) Trade, protession, or particular kind of work	Contributory (Secondary) (Duration) yrs. mos. ds
10 NAME OF FATHER PAYMON Zumen 11 BIRTHPLACE OF FATHER (State Or country) Aprillumen 2 Maiden NAME OF MOTHER	(Signed) See Augher , M. D May 18, 191 (Address) Blow M. D *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) At place In the of death yrs
(Informant) True to the BEST OF MY KNOWLEDGE (Informant) True to the BEST OF MY KNOWLEDGE (Address) True to the BEST OF MY KNOWLEDGE (Address) True to the BEST OF MY KNOWLEDGE (Address) True to the BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed	20 UNDERTAKER ADDRESS

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

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement the nature of the business or industry, and therefore an applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulested thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, as gainfully employed, as At achool or At home, Care mine, etc. ficution, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., who have no occupation whatever, write None. been changed or given up on account of the piskass Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite sainry), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, Farmer or Planter, As examples For persons

Statement of cause of death—Name, first, the purasse cattered by the primary affection with respect to thus 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," unqualified, is indefinite); Tubercutoris of lungs, meninges, perifonaeum, etc., Carcin-

childbirth or miscarriage, as "Puraperal septicheccer" is less definite; avoid use of "Tumor" for maligmia," "PURRERBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valeular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronia oma, Sarcoma, etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF RS probably LENT DEATHS STATE MEANS OF INJUNY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da,; affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head _ (name origin; "Can-Never report

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PERMANENT

PLACE OF DEATH

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WRITE

Very. CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registered No ... fif death occurred inWard) a hospital or institution. give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH classified. (Month (Day) If LESS than 7 AGE and that death occurred on the date stated above, at t day,hrs. The CAUSE OF DEATH* was as follows:min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral nature of industry, be business, or establishment in (Duration) suppl may which employed (or employer) Contributory certificate. BIRTHPLACE (Secondary) (State or country 10 NAME OF FATHER 50 11 BIRTHPLACE terms, n back OF FATHER should N *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, information OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER ot death yrs. mos. ds. State State or country DEAT Where was disease contracted. It not at place et death? 50 Former or Item OF usoal residence CAUSE OF OR REMOVAL DATE OF BURIAL ADDRESS 8 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. elettra sta in a part of

STATE OF MARYLAND

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should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease dimension, using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia"); Lobar ineumonia; Bronchopneumonia ("Incumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc... Carein-

cer" is less definite; avoid use of "Tumor" for maligchildbirth or miscarriage, as "Puerperal acpticheccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measter (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritic. nant neoplasms) ; Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . mid," "PURRERAL peritonitis," etc. State cause for genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory," acpass, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by rallway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS STATE MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 For VIOda.; Ex-

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There is a

f Form V. S. No. 5.—50M-1-16-08.	72
PLACE OF DEATH.	COMMONWEALTH OF PENNSYLVANIA.
of a Mi	BUREAU OF VITAL STATISTICS.
County of Mayord Ila	CERTIFICATE OF DEATH.
M. II	11
Township of Wy Landle Registration District N	O
or	File No
Borough of Primary Registration I	District No.
	Registered No
or	[If death occurred in a
City of(No,	St.: Ward Hospital or Institution
[If death occurs away from USUAL RESIDENCE	give its NAME instead of street and number.]
give facts called for under	nelel Whirelest
"Special Information."] FULL NAME.	rang of say sur
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Y / COLOR /// /	DATE OF DEATH
Hemala ////	Ma. IN
DATE OF BIRTH 5	(Mouth) (Dat) 198/
4. P. 2, . 521	HEREBY CEXTIFY, That I attended deceased from
(Month) (Dyy) (Year	
AGE C.	The 1901 to May 16/ 1901
	and in mate 11
years, months, days.	that I last saw h 2 alive on May 199
SINGLE, MARRIED, WIDOWED, OR DIVORCED ///	and that death occurred, on the date stated above, at
Widney of	P
BIRTHPLACE	M. The CAUSE OF DEATH was as follows:
State or County)	Carelyona envelveno lever
CCUPATION	- and a. bill light
We had been her	and common buy auch
Name Kleper	
NAME OF AN The DILL	1 1.69
mamen villy	(Duration) Days
BIRTHPLACE OF FATHER	Old and and interest
State or County)	Contributory
many wash by gray on , my	- faunded Duration Would Day
MAIDEN NAME OF MOTHER	Duración processor Days
Simulage Anniberra	Signed A LUNGON STUMMEN M. D.
BIRTHPLACE) / 1 / 6	March Will we Stower to Lamo &
State or County)	1104 1 199 1 (Address) 1340 AMAN 1011 14
Tarror Co-110	Recent Residents.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE	Former or How long at
TO THE BEST OF MY KNOWLEDGE AND BELIEF	Usual Residence
Interment tolen (19 Wright,)	NACE
The state of the s	Where was disease contracted?
maground Arrest Well Marlor	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
production of the second secon	- Bethel (hurch my 19 1981
Filed Y 4 Y MIX	UNDERTAKER ADDRESS
may 1/1991 / Jaunusia D	
Registra	Dameet Julianod While Hale