

Received August 280.

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Supervisor's Dist: No. 2

Enumeration Dist: No. 44

Note A.—The Census Year begins June 1, 1879, and ends May 31, 1880.

Note B.—In making entries in columns 6, 7, and 8, an affirmative mark only will be used, thus /, except in the case of Divorced persons, column 8, when the letter "D" is to be used.

Note C.—For instructions relative to the entries in column 14, see back of this Schedule.

Note D.—In column 17, note distinctly if no Physician was in attendance, thus (None.)

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in *Grundy*, in the County of *Grundy*, State of *Tennessee*, *J. M. Porter* Enumerator.

1.	2.	Personal Description.			What was the civil condition of the person who died?			NATIVITY.			12.	13.	14.	15.	16.	17.
		Age at last birthday. If under 1 year, give months in fractions, thus— $\frac{1}{2}$. If under 1 month, give days in fractions, thus— $\frac{1}{4}$.	Sex—Male (M); Female (F).	Race—White (W); Black (B); Mulatto (Mu); Chinese (Ch); Indian (I).	Single	Married	Widowed	Place of birth of this person, naming the State or Territory of the U. S., or the country, if of foreign birth.	Where was the Father of this person born? (As in column 9.)	Where was the Mother of this person born? (As in column 9.)						
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
31	T. J. Sammons	17	(M)	(W)	/			Tennessee	Tennessee	Tennessee	None	May	Dysentery	0		Key, J. Bailey
32	W. F. Noel	17	(M)	(W)	/			Tennessee	Tennessee	Tennessee	None	Aug	Dysentery	0		Dr. B. P. Key
33	E. G. Saunders	1	(M)	(W)	/			Tennessee	Tennessee	Tennessee	None	Jan	Dysentery	0		None
34	Benjamin H. Arvey	27	(M)	(W)	/			Tennessee	Don't Know	Don't Know	Dishiller	Jan	Don't Know	0		Dr. Dancer
43	Mahinda Burous	75	(M)	(W)	/			Tennessee	Tennessee	Don't Know	None	Dec	General Rheumatism	75		Dr. Sims
Additions to Grundy Co from Supplemental Schedules																
	Pattie Joseph	20	(M)	(W)	/			Tenn				Sept	Debility			Sims

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Supervisor's Dist. No. 21

Enumeration Dist. No. 111

Note A.—The Census Year begins June 1, 1879, and ends May 31, 1880.

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Note C.—For instructions relative to the entries in column 14, see back of this Schedule.

Note D.—In column 17, note distinctly if no Physician was in attendance, thus (None.)

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in 11th Civil District, in the County of
 Grundy, State of Tennessee J. M. Porter
 Enumerator.

1.	2.	3.			4.			9.	10.	11.	12.	13.	14.	15.	16.	17.
		Name of the person deceased.	Age at last birthday, if under 1 year, under 1 month, if 1 year or over, state day in fraction.	Sex—Male (M) or Female (F).	Color—White (W), Negro (N), or Other (O).	Single (S) or Married (M).	Widowed (W) or Divorced (D).	Place of birth of this person, naming the State or Territory of the U. S., or the country, if of foreign birth.	Where was the father of this person born? (As in column 9.)	Where was the mother of this person born? (As in column 9.)	Profession, Occupation or Trade. (Not to be asked in respect to persons under 10 years of age.)	The month in which the person died.	Disease or cause of death.	How long a resident of the county? fractions, thus— $\frac{1}{2}$.	If the disease was not contracted at place of death, state the place.	Name of attending Physician.
55		Bailey Mrs Jane	44 (F) (M)	1	Georgia	Don't know	Don't know	Georgia	Don't know	Don't know	Knapping House Ctr	July	Fever Purperal C	1		Key & Bailey
60		Jennison Carrie D	1 (F) (M)	1	Tennessee	England	Kentucky	Tennessee	England	Kentucky	Ctr	July	Inflammation of Stomach	1		Dr. Key
65		Rabbitt Mary	40 (F) (M)	1	Tennessee	Virginia	Virginia	Tennessee	Virginia	Virginia	Knapping House Ctr	July	Don't know	1		Dr. Key
72		Bain Joseph	20 (M) (M)	1	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Don't know	July	Don't know	1		Dr. Key
85		Fate Martin	1 (M) (M)	1	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Don't know	July	Phrenitis	1		Dr. Key
101		Harrell Henry W	72 (M) (M)	1	Tennessee	Virginia	Tennessee	Tennessee	Virginia	Tennessee	Don't know	Aug	Cholera Infantum	1		Dr. Key
102		Dishoon Emma	70 (F) (M)	1	Georgia	Don't know	Don't know	Georgia	Don't know	Don't know	Don't know	May	Nervous Prostration	1		Dr. Key
121		Hollow Sylvia B	30 (F) (M)	1	Tennessee	Don't know	Don't know	Tennessee	Don't know	Don't know	Knapping House Ctr	July	Cancer of Uterus	1		Dr. Key
123		Davis Muriel R	1 (F) (M)	1	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Don't know	July	Cholera Infantum	1		Dr. Key
144		Wiley Charlotte	3 (F) (M)	1	Tennessee	Don't know	Don't know	Tennessee	Don't know	Don't know	Don't know	July	Phrenitis	1		Dr. Key
145		Callaghan W	22 (M) (M)	1	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	July	Phrenitis	1		Dr. Key
146		Bull	22 (M) (M)	1	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Don't know	July	Phrenitis	1		Dr. Key
145		Key Joseph D	38 (M) (M)	1	Tennessee	Virginia	Virginia	Tennessee	Virginia	Virginia	Don't know	Aug	Cholera Infantum	1		Dr. Key
145		Keaton Mary A	66 (F) (M)	1	England	England	England	England	England	England	House Super Near	Don't know	Cholera Infantum	1		Dr. Key
158		McCoy George Ann	7 (F) (M)	1	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Don't know	July	Cholera Infantum	1		Dr. Key
162		Wright Moses	65 (M) (M)	1	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	July	Cholera Infantum	1		Dr. Key
182		McCoy Bride	30 (F) (M)	1	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Don't know	July	Cholera Infantum	1		Dr. Key
184		Myers Mark H	14 (M) (M)	1	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Don't know	July	Cholera Infantum	1		Dr. Key
186		Sanctoro James	87 (M) (M)	1	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Don't know	July	Cholera Infantum	1		Dr. Key
187		Roddy Maude V	12 (F) (M)	1	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Don't know	July	Cholera Infantum	1		Dr. Key
204		Possy Geo H	6 (M) (M)	1	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Don't know	July	Cholera Infantum	1		Dr. Key
208		Jenkins Wm	1 (M) (M)	1	Alabama	Takes	"	Alabama	Takes	"	Don't know	July	Cholera Infantum	1		Dr. Key
209		Edler Jacob	37 (M) (M)	1	Kentucky	Don't know	Don't know	Kentucky	Don't know	Don't know	Don't know	July	Cholera Infantum	1		Dr. Key
231		Golyas Andrew A	19 (M) (M)	1	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Don't know	July	Cholera Infantum	1		Dr. Key
243		Osborne Elizabeth	16 (F) (M)	1	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Tennessee	Don't know	July	Cholera Infantum	1		Dr. Key

Note A.—The Census Year begins June 1, 1879, and ends May 31, 1880.
 Note B.—In making entries in columns 6, 7, and 8, an affirmative mark only will be used, thus /, except in the case of Divorced persons, column 8, when the letter "D" is to be used.
 Note C.—For instructions relative to the entries in column 14, see back of this Schedule.
 Note D.—In column 17, note distinctly if no Physician was in attendance, thus (None.).

Name of the person deceased.		Personal Description.		What was the civil condition of the person who died?		Nativity.		Profession, Occupation or Trade.	The month in which the person died.	Disease or cause of death.	How long a resident of the county? If less than a year, state months in fractions.	If the disease was not contracted at place of death, state the place.	Name of attending Physician.			
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
11	Ludwiger Anna	62	F.	W.	1	1	Swiss	Swiss	Swiss	housewife	June	Prisoners	6	Dr. Key		
14	Bie Anna	26	F.	W.	1	1	Swiss	Swiss	Swiss	housewife	January	Consumption	4	Dr. Key		
6	Angst Lusi	17 1/2	F.	W.	1	1	Swiss	Swiss	Swiss	-	August	Sanitation	3/16	- none		
55	Ockert J. G.	17 1/2	M.	W.	1	1	Tennessee	Tennessee	Tennessee	-	August	Heart Disease	1 3/4	Dr. Bailey		
74	Glunziger John	56	M.	W.	1	1	Swiss	Swiss	Swiss	Farmer	October	Cowdri Disease	9	Dr. Key		
	Ross Job	28	M.	W.	1	1	Tenn				January	Pneumonia				

"Disease or cause of death." Especial pains must be taken in this column to make the answer full and exact, and to this end, attention is called to the following points:

Enter the name of the primary disease in all cases, and where the immediate cause of death has been a complication or consequence of the primary disease, enter that also. For instance, enter all cases of death resulting either immediately or remotely from *measles, scarlet fever, typhoid fever, remittent fever, small pox, &c.*, under the names of those diseases, but add also *dropsy, hemorrhage from the bowels, pneumonia, &c.*, if these occurred as complications and were the more immediate cause of death. In cases of death from hemorrhage, specify the origin of the hemorrhage, thus: *hemorrhage from aortic aneurism, hemorrhage from ulcer of intestines in typhoid fever, hemorrhage from lungs, hemorrhage from wound of neck, &c.* So also for abscess, aneurism, cancer, carbuncle, dropsy, tumor, ulcer, specify the organ or part affected, as *iliac abscess, abscess of liver; femoral aneurism; carbuncle on lip; cancer of breast, cancer of uterus, cancer of face; dropsy of chest, dropsy of abdomen; inflammation of brain, inflammation of liver; tumor of neck, tumor of abdomen; ulcer of face, ulcer of groin, &c.* Typhus, typhoid, and typho-malarial fevers should be carefully distinguished. Especial inquiry should be made for cases of "still-births," including infants born dead from whatever cause. As few deaths as possible should be reported under such general terms as *disease of the throat, disease of the brain, disease of the liver, disease of the lungs, disease of the bowels, disease of the spine, &c.* These should, as far as possible, be reported under special heads.

Make sure that the distinction between *apoplexy, epilepsy, and paralysis* is understood. Distinguish between acute and chronic bronchitis, acute and chronic dysentery or diarrhoea, acute and chronic rheumatism. Report cerebro-spinal

or intemperance, or debility, or paralysis of the heart, or sudden death, in any case where it is possible to name any definite disease. In reporting suicide name the means, whether cutting of throat, hanging, drowning, shooting, poisoning by opium, arsenic, &c.

A space is left at the bottom of each page of this Schedule for remarks. It is desired that the enumerators should there describe any particular malady or unusual or peculiar disease which has prevailed in the subdivision, and the supposed cause thereof. In case of any unusual number of deaths by violence or accident (as by the caving of a mine, or similar calamity), an explanation should be given in the space for remarks.

The enumerator should endeavor to see in person every physician residing in or near his enumeration district, who is named in this Schedule as the physician attending at death, and courteously invite him to inspect the entries in regard to the cause of death in his cases, and to verify or restate them as the facts may demand. For this purpose spaces are provided below, numbered to correspond with the lines of the Schedule upon the other side.

If the physician finds the entry in the Schedule correct and fully in accordance with the foregoing instructions he is requested to make the entry in the proper numbered space below: *Correctly stated.* If he does not deem it correct, it is desired that he restate the cause of death in the numbered space in accordance with his own views, signing each entry.

The enumerator should also inquire of each physician within his enumeration district whether he has a record or register of deaths occurring during the Census year, kept at the request of the Superintendent of Census, and if so, will offer to take charge of and forward the same to the Census Office under his official frank.

Form for the statement by attending physicians of the causes of death in the cases reported on the reverse side of this sheet.

Number of the line on Schedule upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	<i>Bedsore</i>		<i>B.P. Key</i>	13				25			
2	<i>Leucorrhoea</i>		<i>B.A. Key</i>	14				26			
3				15				27			
4	<i>Diseased heart</i>		<i>C.M. Bailey</i>	16				28			
5	<i>Intussusception bowels</i>		<i>B.P. Key</i>	17				29			
6				18				30			
7				19				31			
8				20				32			
9				21				33			
10				22				34			
11				23				35			
12				24				36			

ulcer of intestines in typhoid fever, hemorrhage from lungs, hemorrhage from wound of neck, &c. So also for abscess, aneurism, cancer, carbuncle, dropsy, tumor, ulcer, specify the organ or part affected, as *iliac abscess, abscess of liver; femoral aneurism; carbuncle on lip; cancer of breast, cancer of uterus, cancer of face; dropsy of chest, dropsy of abdomen; inflammation of brain, inflammation of liver; tumor of neck, tumor of abdomen; ulcer of face, ulcer of groin, &c.* Typhus, typhoid, and typho-malarial fevers should be carefully distinguished. Especial inquiry should be made for cases of "still-births," including infants born dead from whatever cause. As few deaths as possible should be reported under such general terms as *disease of the throat, disease of the brain, disease of the liver, disease of the lungs, disease of the bowels, disease of the spine, &c.* These should, as far as possible, be reported under special heads.

Make sure that the distinction between *apoplexy, epilepsy, and paralysis* is understood. Distinguish between acute and chronic bronchitis, acute and chronic dysentery or diarrhoea, acute and chronic rheumatism. Report cerebro-spinal

The enumerator should check the entry in this Schedule as the physician attending at death, and courteously invite him to inspect the entries in regard to the cause of death in his cases, and to verify or restate them as the facts may demand. For this purpose spaces are provided below, numbered to correspond with the lines of the Schedule upon the other side.

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Form for the statement by attending physicians of the causes of death in the cases reported on the reverse side of this sheet.

Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	<i>Nervous Rheumatism</i>		<i>W. C. Barnes</i>	13				25			
2	<i>Nervous Rheumatism</i>		<i>W. C. Barnes</i>	14				26			
3				15				27			
4				16				28			
5				17				29			
6				18				30			
7	<i>Typhoid Fever</i>			19				31			
8	<i>Rheumatism</i>			20				32			
9				21				33			
10				22				34			
11				23				35			
12				24				36			

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 Supervisor's Dist: No. 2 d
 Enumeration Dist: No. 43 mb

Note A.—The Census Year begins June 1, 1879, and ends May 31, 1880.

Note B.—In making entries in columns 9, 7, and 8, an affirmative mark only will be used, thus /, except in the case of Divorced persons, column 8, when the letter "D" is to be used.

Note C.—For instructions relative to the entries in column 14, see back of this Schedule.

Note D.—In column 17, note distinctly if no Physician was in attendance, thus (None.)

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in 4 Civil Dist., in the County of Quincy, State of Tennessee, W. W. Brown Enumerator.

Enumerators.																
Name of the person deceased.																
Personal Description.																
What was the civil condition of the person who died?																
NATIVITY.																
Profession, Occupation or Trade.																
The month in which the person died.																
Disease or cause of death.																
How long a resident of the county? If less than 1 year, state month in fraction, thus 7/12.																
If the disease was not contracted at place of death, state the place.																
Name of attending Physician.																
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
51. McLe Mary	6	F	W	/				Tenn	Tenn	Tenn		Jan	Typhoid fever	7	Collier River	W. C. Barnes
52. Byrd Lou	—	F	W	X				Tennessee			Sevier mandarin	Jan	Burned	0		Spina & Walker
53. Norris Sarah	28	F	W	/				"			Farmer	July	Consumption	0		J. M. Hawks
54. Deveredam Alice	75	F	W	/				"			Housekeeper	Feb		0		B. P. Key
55. Cox + X	1	F	W	X				"				Sept	Chol. Infestation	0		J. E. Hunter
56. Evans Nancy A.	28	F	W	/				"			Farmer	May	Uterus Dis.	0		
57. Mullins M.	64	M	W	/				"			"	Jan	Erysipelas	0		
58. Late Frankie	10	F	W	/				"				Jan	Typhoid fever	0		W. B. Banges
59. Northcut Mrs P.	32	F	W	/				"			Farmer	Dec	Sufficient labor	0		Spears, Black & Jones
60. Robinson Mrs M.	46	F	W	X				"			Housekeeper	April	Pneumonia	0		Williams

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where it is possible, means, whether cutting of throat, hanging, shooting, poisoning by opium, arsenic, &c.

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The enumerator should endeavor to see in person every physician residing in or near his enumeration district, who is named in this Schedule as the physician attending at death, and courteously invite him to inspect the entries in regard to the cause of death in his cases, and to verify or restate them as the facts may demand. For this purpose spaces are provided below, numbered to correspond with the lines of the Schedule upon the other side.

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Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	<i>Typhoid fever</i>		<i>W. C. Barnes</i>	13				25			
2				14				26			
3				15				27			
4				16				28			
5				17				29			
6				18				30			
7				19				31			
8				20				32			
9				21				33			
10				22				34			
11				23				35			
12				24				36			

Received Sept. 2, 80

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Page No. 1
 Supervisor's Dist. No. 2
 Enumeration Dist. No. 44

Note A.—The Census Year begins June 1, 1879, and ends May 31, 1880.

Note B.—In making entries in columns 6, 7, and 8, an affirmative mark only will be used, thus /, except in the case of Divorced persons, column 8, when the letter "D" is to be used.

Note C.—For instructions relative to the entries in column 14, see back of this Schedule.

Note D.—In column 17, note distinctly if no Physician was in attendance, thus (None.)

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in enumeration, in the County of Greene, State of Tenn, H. B. Barnes Enumerator.

Name of the person deceased.	Age at last birthday. If under 1 year give date of decease in fraction of year.	Sex.	Color.	Single / Married / Widowed / Divorced D.	Place of birth of this person, naming the State or Territory of the U. S., or the country, if of foreign birth.	Where was the Father of this person born? (As in column 6.)	Where was the Mother of this person born? (As in column 7.)	Profession, Occupation or Trade. (Not to be asked in respect to persons under 10 years of age.)	The month in which the person died.	Disease or cause of death.	How long a resident of the county? (Not to be asked in respect to persons under 10 years of age.)	If the disease was not contracted in place of death, state the place.	Name of attending Physician.
Union Larice	25	m	w	/	ky	ky	ky	laborer	May	Cox	1/2		Dr. Hinton
Union Larice													
Cornelison M. H.	36	fr	co	/	ky	ky	va	laborer	Mar	Consumption	56		Dr. Odum
Phoebe													
Muriel Martha	45	fr	w	/	ky	va	ky	keeper house	May	whooping cough	19		Dr. Walther
Stephen	2	m	w	/	ky	ky	ky		May	gangrene	27		Dr. Sims & Hinton
Jayne H. J.	47	m	w	/	ky	ky	ky	farmer	Nov	typh fever	14		Dr. Sims & Hinton
W. J. J.	47	m	w	/	ky	ky	ky	School Teacher	Feb	palsy	15		Dr. Sims & Hinton
Thomas J. J.	24	m	fr	/	ky	va	ky	farmer	Jan	Pneumonia	30		Dr. Hinton
William H. H.	60	m	w	/	ky	va	ky	house keep	Apr	Bedridden	25		Dr. Walther
Willerson M. J.	29	fr	co	/	ky	ky	ky	boarder	Feb	Pneumonia	25		Dr. Hinton
W. J. J.	55	m	w	/	ky	ky	ky		July	worms	1		Dr. Hinton & C.
W. J. J.	7	m	w	/	ky	ky	ky		Aug	Pneumonia			Dr. Hinton & C.
W. J. J.													
Tale E. J.	4	fr	co	/	ky	ky	ky		Oct	worms	4		None
Cox Charles	36	m	w	/	ky	ky	ky		Feb	Cancer			Dr. Sims
W. J. J.													
Campbell Mary	64	w	fr	/	ky	ky	ky	housekeeper	July	Consumption	15		Dr. Walther
Meeks John	64	m	w	/	ky	ky	ky	farmer	June	Crack in thigh	64		
W. J. J.													
Meeks Clement	2	fr	co	/	ky	ky	ky		May	accidental Smother			
Nimely M. J.	80	m	w	/	ky	ky	ky	farmer	Jan	Old age			
W. J. J.	55	m	w	/	ky	ky	ky	housekeeper	March	Buried to death	45		Dr. Sims
Margaret	74	fr	co	/	ky	ky	ky	housekeeper		Consumption	74		Dr. Tracy

The important point in this Schedule is the question in column 14, headed "Disease or cause of death." Especial pains must be taken in this column to make the answer full and exact, and to this end, attention is called to the following points:

Enter the name of the primary disease in all cases, and where the immediate cause of death has been a complication or consequence of the primary disease, enter that also. For instance, enter all cases of death resulting either immediately or remotely from measles, scarlet fever, typhoid fever, remittent fever, small pox, &c., under the names of those diseases, but add also dropsy, hemorrhage from the bowels, pneumonia, &c., if these occurred as complications and were the more immediate cause of death. In cases of death from hemorrhage, specify the origin of the hemorrhage, thus: hemorrhage from aortic aneurism, hemorrhage from ulcer of intestines in typhoid fever, hemorrhage from lungs, hemorrhage from wound of neck, &c. So also for abscess, aneurism, cancer, carbuncle, dropsy, tumor, ulcer, specify the organ or part affected, as iliac abscess, abscess of liver; femoral aneurism; carbuncle on lip; cancer of breast, cancer of uterus, cancer of face; dropsy of chest, dropsy of abdomen; inflammation of brain, inflammation of liver; tumor of neck, tumor of abdomen; ulcer of face, ulcer of groin, &c. Typhus, typhoid, and typho-malarial fevers should be carefully distinguished. Especial inquiry should be made for cases of "still-births," including infants born dead from whatever cause. As few deaths as possible should be reported under such general terms as disease of the throat, disease of the brain, disease of the liver, disease of the lungs, disease of the bowels, disease of the spine, &c. These should, as far as possible, be reported under special heads.

Make sure that the distinction between apoplexy, epilepsy, and paralysis is understood. Distinguish between acute and chronic bronchitis, acute and chronic dysentery or diarrhoea, acute and chronic rheumatism. Report cerebro-spinal

meningitis as cerebro-spinal fever. Do not report as the cause of death old age, or intemperance, or debility, or paralysis of the heart, or sudden death, in any case where it is possible to name any definite disease. In reporting suicide name the means, whether cutting of throat, hanging, drowning, shooting, poisoning by opium, arsenic, &c.

A space is left at the bottom of each page of this Schedule for remarks. It is desired that the enumerators should there describe any particular, malady or unusual or peculiar disease which has prevailed in the subdivision, and the supposed cause thereof. In case of any unusual number of deaths by violence or accident (as by the caving of a mine, or similar calamity), an explanation should be given in the space for remarks.

The enumerator should endeavor to see in person every physician residing in or near his enumeration district, who is named in this Schedule as the physician attending at death, and courteously invite him to inspect the entries in regard to the cause of death in his cases, and to verify or restate them as the facts may demand. For this purpose spaces are provided below, numbered to correspond with the lines of the Schedule upon the other side.

If the physician finds the entry in the Schedule correct and fully in accordance with the foregoing instructions he is requested to make the entry in the proper numbered space below: *Correctly stated.* If he does not deem it correct, it is desired that he restate the cause of death in the numbered space in accordance with his own views, signing each entry.

The enumerator should also inquire of each physician within his enumeration district whether he has a record or register of deaths occurring during the Census year kept at the request of the Superintendent of Census, and if so, will offer to take charge of and forward the same to the Census Office under his official frank.

Form for the statement by attending physicians of the causes of death in the cases reported on the reverse side of this sheet.

Number of the line upon which this case is reported.	CAUSE OF DEATH.		Number of the line upon which this case is reported.	CAUSE OF DEATH.		Number of the line upon which this case is reported.	CAUSE OF DEATH.		Number of the line upon which this case is reported.
	Primary.	Immediate.		Primary.	Immediate.		Primary.	Immediate.	
1			13			25			
2			14	Correct		26			
3			15			27			
4	Correctly stated	Joe H. Olden	16	Correct		28			
5			17			29			
6			18	Parasidic		30			
7			19			31			
8			20			32			
9			21	Correct		33			
10			22			34			
11			23			35			
12			24			36			