Received July 1880.

[7—222.]

Page No. 1
Supervisor's Dist: No. 1
Enumeration Dist: No. 88

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 88th ~~Enumeration Dist.~~, in the County of Hancock, State of Tennessee, Wm Allen, Enumerator.

Number of the family as given in column 1 of Schedule 1.	Name of the person deceased.	Personal Description. Age at last birthday. If under 1 year, give months in fractions, thus—⅙ if under 1 month, give days in fractions, thus—1/30.	Sex—Male (M.), Female (F.).	Color—White (W.), Black (B.), Mulatto (Mu.), Chinese (Ch.), Indian (I.).	What was the civil condition of the person who died? Single.	Married.	Widowed.	Divorced (D.).	Nativity. 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? If less than one month, give fractions, thus—⅙.	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.
1	~~Larkins Wiley~~	~~22~~	~~M~~	~~W~~					~~Tenn~~	~~Tenn~~	~~Tenn~~						
2	Allen Barbary	4	F	W	/		X		Tenn	Tenn	Tenn	Keepinghouse	May	By gunshot	1		Wilkinson
3	Yarnot J. H.	7/12	M	W	/				Tenn	Tenn	Tenn		April	Typhoid fever	0	2	Mc Coke
4	Henry N. J.	9	F	W	/				Tenn	Tenn	Tenn		June	Croup	0	5/12	None
5	Winkler Wm	1	M	B	/				Tenn	Tenn	Tenn	—	Dec	Choked on a bone	0	9	Horner
6	Mobo Elizabeth	62	F	W		/			VA	VA	VA	Keepinghouse	Nov	Bold Hives	0	1	None
7	Depew Rebecca	31	F	W	/				Tenn	Tenn	Tenn	Keepinghouse	May	Womb Disease	0	18	Horner
8	Cope Martha	5/12	F	W	/				Tenn	Tenn	Tenn		Jan	Liver disease	0	3/12	Kunle
9	Odom Polly	74	F	W		/			NC	NC	NC	Keepinghouse	Feb	Brain disease	0	5/12	None
10														Heart disease		50	None
11																	
12																	
13																	
14																	
15																	
16																	
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Note E.—Upon this Schedule should be CAREFULLY RETURNED:

1st. Every death which has occurred in this enumeration district during the Census year, whether the deceased was or was not, at death, a member of any family which resided June 1, 1880, in the district.

2d. Every death which has occurred outside of this enumeration district during the Census year, the deceased being at date of death a member of a family which resided June 1, 1880, in the enumeration district.

The enumerator should make these entries upon this Schedule with great care, seeking every source of information. When a positive statement is impossible, as when an age can only be estimated, or a birth-place must be conjectured, the entry may be inclosed in parentheses, thus: Age (25), meaning that the best estimate of the age that can be given is 25 years.

Of the deaths reported above, the following occurred in this enumeration district, but the families to which the deceased belonged, resided June 1, 1880, out of the enumeration district, as follows:

Number of the line upon which the case is reported above.	Place where the family of the deceased resided June 1, 1880. Town.	County.	State.

Of the deaths reported above, the following occurred out of this enumeration district, though the families to which the deceased belonged, resided June 1, 1880, in this enumeration district, as follows:

Number of the line upon which the case is reported above.	Place where the death occurred. Town.	County.	State.

REMARKS.

Received July 19, 1880.

Page No. 1
Supervisor's Dist: No. 1
Enumeration Dist: No. 89

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 the 1st Enumeration Dist, in the County of Hancock, State of Tennessee, W. H. Barner, Enumerator.

Number of the family as given to census enumerator (Schedule 1).	Name of the person deceased.	Personal Description. Age at last birthday. If under 1 year, give months in fractions, thus—⅙, ⅙, etc.	Sex—Male (M.) Female (F.)	Color—White (W.) Black (B.) Mulatto (Mu.) Chinese (Ch.) Indian (I.)	What was the civil condition of the person who died? Single	Married	Widowed	Divorced (D.)	Nativity. 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? If less than 1 year, state months in fractions, thus—⅙.	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.
13	Cantwell Sarah	8	F	W	✓				Tenn	Tenn	Tenn		May	Bold Fever	8		Brown Luther
16	Shaw Nancy V.	1	F	W	✓				Tenn	Va	Va		May	Choked by Bean	1		Durry A. W.
31	Barner Lucy A.	43	F	W		✓			Va	Va	Va	Keeping House	Oct	Pul Consumption	23		Durry A. W.
60	Hooley Calloway	24	M	W	✓				Tenn	Tenn	Tenn	Farmer	March	Pul Consumption	24		Horner W. B.
64	Seal Susannah	1/12	F	W	✓				Tenn	Tenn	Tenn		Feb	Bold Fever	1/12		No Physician
100	Seal Mary	2	F	W	✓				Tenn	Ky	Tenn		Feb	Whooping Cough	2		Horner W. B.
104	No Name Trent	4/12	M	W	✓				Tenn	Ky	Tenn		Jan	Whooping Cough	Stranger		No Physician
131	Vaughan Lydia	54	F	W		✓			unknown	unknown	unknown	Keeping House	June	Pul Consumption	unknown		Horner W. B.
138	No Name Butler	14/30	M	W	✓				Tenn	Tenn	Tenn		Feb	Bold Fever	14/30		No Physician
140	Greene James	59	M	W	✓				Tenn	N. Car	Tenn	Farmer	April	Dropsy	59		Horner W. B.
141	Greene No Name	2/30	M	W	✓				Tenn	Tenn	Tenn		May	[illegible]	2/30		No Physician
145	Hogg Joseph B.	7/30	M	W	✓				Tenn	Tenn	Tenn		Aug	Bold Fever	7/30		No Physician
146	Hogg John J.	7	M	W	✓				Tenn	Tenn	Tenn		April	Gun Shot	7		No Physician
	White George	7/12	M	W	✓				Tenn	Tenn	Tenn		Oct	Whooping Cough	7/12		No Physician
152	L. Lewis	9/12	M	W	✓								May	Chol. Inf.			Mahan W. P.

Note E.—Upon this Schedule should be CAREFULLY RETURNED:

1st. Every death which has occurred in this enumeration district during the Census year, whether the deceased was or was not, at death, a member of any family which resided June 1, 1880, in the district.

2d. Every death which has occurred outside of this enumeration district during the Census year, the deceased being at date of death a member of a family which resided June 1, 1880, in the enumeration district.

The enumerator should make these entries upon this Schedule with great care, seeking every source of information. When a positive statement is impossible, as when an age can only be estimated, or a birth-place must be conjectured, the entry may be inclosed in parentheses, thus: Age (25), meaning that the best estimate of the age that can be given is 25 years.

Of the deaths reported above, the following occurred in this enumeration district, but the families to which the deceased belonged, resided June 1, 1880, out of the enumeration district, as follows:

Number of the line upon which the case is reported above.	Place where the family of the deceased resided June 1, 1880. Town.	County.	State.

Of the deaths reported above, the following occurred out of this enumeration district, though the families to which the deceased belonged, resided June 1, 1880, in this enumeration district, as follows:

Number of the line upon which the case is reported above.	Place where the death occurred. Town.	County.	State.

REMARKS.

No 10. The primary cause of his death was supposed to have originated from a bunshot which he received in the thigh in time of the War.

No 13. The person was shot accidently by a Pistol at short distance from Home & died instantly

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 diarrhœa, acute and chronic rheumatism. Report cerebro-spinal 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 5 upon which this case is reported.	Cause of Death. Primary.	Cause of Death. Immediate.	Signature of the Attending Physician.	Number of the line on Schedule 5 upon which this case is reported.	Cause of Death. Primary.	Cause of Death. Immediate.	Signature of the Attending Physician.	Number of the line on Schedule 5 upon which this case is reported.	Cause of Death. Primary.	Cause of Death. Immediate.	Signature of the Attending Physician.
1 ×		Bold Fever	L. Brown	13	Correctly Stated	Gunshot		25			
2 +		Not Cut by beam	N. Duarry	14 +	Correctly Stated	Whooping Cough		26			
3 +	change of lin	Consumption	N. Duarry	15 +	Correctly Stated			27			
4 +		Pulmon Consumption		16				28			
5 +		Bold Fever		17				29			
6 +		Whooping Cough		18				30			
7 ×		Croup	W. B. Hunter Correctly Stated	19				31			
8 +		Pulmon Consumption		20				32			
9 ×		Bold Fever		21				33			
10 +	Gunshot	Dropsy		22				34			
11 +		Croup		23				35			
12 +		Bold Fever		24				36			

Page No. 1
Supervisor's Dist: No. 90
Enumeration Dist: No.

[7—222.]

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.)*

Received July 19, 1880.

127

[7-222.]

Received July 19, 1880.

127

Page No. 1
Supervisor's Dist: No. 90
Enumeration Dist: No. 10

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 91st enumeration District, in the County of Nansemond, State of Virginia.

James A. Haughty
Enumerator.

Number of the family as given in column numbered 2—Schedule 1.	Name of the person deceased.	Personal Description. Age at last birthday. If under 1 year, give months; if under 1 month, give days in fractions thus—8/30.	Sex—Male (M), Female (F).	Color—White (W), Black (B), Mulatto (Mu), Chinese (Ch), Indian (I).	What was the civil condition of the person who died? Single.	Married.	Widowed.	Divorced D.	Nativity. 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? If less than 1 year, state months in fractions, thus—8/.	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.
1	39 Lenny Mary	81	F	M					Virginia	Virginia	Virginia	House Keeper	Mar 31	Paralysis	60		Thomas Kyle
2	36 Rabbitt Jesse W	55	M	W	/				Virginia	Virginia	Virginia	Physician	July 7	Consumption	22		Thomas Kyle
3	41 Tyner William	14/30	M	W	/				Nansemond	Virginia	Virginia		Jan 24	Fever			Thomas R. Kyle
4	44 Andrews Sarah F	10	F	W	/				Nansemond	Nansemond	Virginia		Apr 8	Scrofula	0		Thomas R. Kyle
5	63 Infant child Nich Saint	5	F	W	/				Nansemond	Nansemond	Nansemond		July 25	Stillborn	0		Sally Bowman
6	55 Reed Daniel W	9/12			/				Nansemond	Nansemond	Nansemond	Farmer	Jan 20	Pneumonia	0		Jesse Applewhite
7	27 Harrison Elbert	2	M	B	/				Nansemond	Nansemond	Nansemond	Farmer	[illegible] 17	Cerebro spinal	3	5	Owen Lind
8	31 Scott William	20	M	B					Virginia	Virginia	Virginia	[illegible]	[illegible]	[illegible]	2		
9	120 Cockin Rebecca A	12	F	W	/				Nansemond	Nansemond	Nansemond		May 19	Bilious fever	0		Jesse Cockins
10	140 Orcall Amanda J	51	F	W	/				Virginia	Virginia	Virginia	Housekeeper	[illegible] 17	Consumption	50		James [illegible]
11																	
12																	
13																	
14																	
15																	
16																	
17																	
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Note E.—Upon this Schedule should be CAREFULLY RETURNED:

1st. Every death which has occurred in this enumeration district during the Census year, whether the deceased was or was not, at death, a member of any family which resided June 1, 1880, in the district.

2d. Every death which has occurred outside of this enumeration district during the Census year, the deceased being at date of death a member of a family which resided June 1, 1880, in the enumeration district.

The enumerator should make these entries upon this Schedule with great care, seeking every source of information. When a positive statement is impossible, as when an age can only be estimated, or a birth-place must be conjectured, the entry may be inclosed in parentheses, thus: Age (25), meaning that the best estimate of the age that can be given is 25 years.

Of the deaths reported above, the following occurred in this enumeration district, but the families to which the deceased belonged, resided June 1, 1880, out of the enumeration district, as follows:

Number of the line upon which the case is reported above.	Place where the family of the deceased resided June 1, 1880. Town.	County.	State.

Of the deaths reported above the following occurred out of this enumeration district, though the families to which the deceased belonged, resided June 1, 1880, in this enumeration district, as follows:

Number of the line upon which the case is reported above.	Place where the death occurred. Town.	County.	State.

REMARKS.

INSTRUCTIONS.

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 diarrhœa, 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 on Schedule 5 upon which this case is reported.	Cause of Death. Primary.	Cause of Death. Immediate.	Signature of the Attending Physician	Number of the line on Schedule 5 upon which this case is reported.	Cause of Death. Primary.	Cause of Death. Immediate.	Signature of the Attending Physician.	Number of the line on Schedule 5 upon which this case is reported.	Cause of Death. Primary.	Cause of Death. Immediate.	Signature of the Attending Physician.
1	r	Cancer Dropsy	Thos R Rusk	13				25			
2	+	Pulmonary Phthisis	Thos R. Rusk	14				26			
3	r	Pulmonary Phthisis	Pulmonary Tumor, Thos R. Rusk	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			

Page No. 1
Supervisor's Dist: No. 1
Enumeration Dist: No. 91

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 91st Enumeration Dist, **in the County of** Hancock, **State of** Tennessee, L. L. Livesay **Enumerator.**

Number of the family as given in column numbered 2—Schedule 1.	Name of the person deceased.	Personal Description. Age at last birthday. If under 1 year, give months in fractions, thus—⅙. If under 1 month, give days in fractions, thus—1/30.	Sex.—Male (M.) Female (F.)	Color—White (W.), Black (B.), Mulatto (Mu.), Chinese (Ch.), Indian (I.)	What was the civil condition of the person who died? Single	Married	Widowed	Divorced D.	Place of Birth of this person, naming State or Territory of the U. S., or the country, if of foreign birth.	Nativity. 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.	The disease or cause of death.	How long a resident of the county? If less than 1 year, state months in fractions, thus—⅙.	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.
1	Reed C.	2	M	W					Tennessee	Tennessee	Tennessee		Aug	Croup		Hart Co.	Dr. Fox
2	Cary, Mary M.	20	F	W		/			Tennessee	Tennessee	Va	Keeping House	May	Typhoid Pneumonia	4		Dr. Hudson
3	Livesay, William	12	M	W					Tennessee	Tennessee	Tennessee		Oct	Chorea	12		Dr. Bragg
4	Hudson, Elizabeth	35	F	W		/			Tennessee	Va	Va	Housekeeper	Jan	Dropsy	2		Johnson Colon
5	Goodman, David	3	M	W		/			Tennessee	Tennessee	Tennessee		Jan	Congestion	3		A. L. Craig
6	Goodman, David x	45	M	W		/			Tennessee	Tennessee	Tennessee	Farmer	Feb	Pulmonary Consumption	4		Craig
7	Patterson, —	50	M	MB					Tennessee	Tennessee	Tennessee		Dec	Cirrhosis	0		
8	Patterson, Cecil	8	M	W		/			Virginia	Va	Va	Student	Jan	Typhoid	0		
9	Davis, Edward	25	M	W		/			Tennessee	Tennessee	Tennessee	Miner	Feb	Typhoid	0		
10	Jones, Bonner x	50	M	MB		/			Tennessee	Va	Va	Farmer	Nov	Pneumonia	0		Dr.
11	Patterson, Ed	26	M	W		/			Tennessee	Va	Va	Farmer	May	Typhoid	0		Dr. Mary
12	200 Collins, William x	3	M	MB					Tennessee	Tennessee	Tennessee		Apr	Croup	0		
13	229 Jones, Lucy x	28	F	MB					Tennessee	Tennessee	Tennessee	Housekeeper	Feb	Typhoid Fever	0		
14	229 Collins, Floyd x	2	M	MB		/			Tennessee	Tennessee	Tennessee		Feb	Croup	0		Dr. Lindsey
15	229 Collins, Lucia x	2	F	MB					Tennessee	Tennessee	Tennessee		Feb	Croup	0		
16	229 Jones, Kincade x	85	M	MB					Tennessee	Tennessee	Tennessee	Farmer	Jan	Anasarca	0		
17	229 Mitchell, George W.	24	M	W		/			Tennessee	Tennessee	Tennessee	Miner	Mar	Typhoid	0		
18	229 Jones, Angeline x	6	F	MB					Tennessee	Tennessee	Tennessee		Mar	Consumption	0		
19	229 Jones, Henry x	253	M	MB		/			Virginia	Va	Va	Farmer	Dec	Suicide	0		
20	229 M. Trent	2	F	W					Tennessee				May	Dyt. Fever	0		W. P. Mahan
21	229 John Lole	1	M	W		/			Tennessee				Aug	Cholera	0		" "

Note E.—Upon this Schedule should be CAREFULLY RETURNED:

1st. Every death which has occurred in this enumeration district during the Census year, whether the deceased was or was not, at death, a member of any family which resided June 1, 1880, in the district.

2d. Every death which has occurred outside of this enumeration district during the Census year, the deceased being at date of death a member of a family which resided June 1, 1880, in the enumeration district.

The enumerator should make these entries upon this Schedule with great care, seeking every source of information. When a positive statement is impossible, as when an age can only be estimated, or a birth-place must be conjectured, the entry may be inclosed in parentheses, thus: Age (20), meaning that the best estimate of the age that can be given is 25 years.

1 Of the deaths reported above, the following occurred in this enumeration district, but the families to which the deceased belonged, resided June 1, 1880, out of the enumeration district, as follows:

Number of the line upon which the case is reported above.	Place where the family of the deceased resided June 1, 1880. Town.	County.	State.
16	Neville's Gap		Tennessee

2 Of the deaths reported above, the following occurred out of this enumeration district, though the families to which the deceased belonged, resided June 1, 1880, in this enumeration district, as follows:

Number of the line upon which the case is reported above.	Place where the death occurred. Town.	County.	State.
1	Fox Gap	Hancock	Tennessee
2			

REMARKS.

have used every possible available means to ascertain the correct name of every disease reported above. In some cases it was almost impossible to ascertain the name of disease, but I would inquire about character of the disease of the family to which the deceased belonged and thus get some faint ideas which I would lay before the Physicians in my district and in to say I suppose that I have got a very full list.

x The some remarks as given on back of Schedule 1, will apply to each person marked thus

INSTRUCTIONS.

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 aorta, 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 diarrhœa, 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 on Schedule 5 upon which this case is reported.	Cause of Death. Primary.	Cause of Death. Immediate.	Signature of the Attending Physician.	Number of the line on Schedule 5 upon which this case is reported.	Cause of Death. Primary.	Cause of Death. Immediate.	Signature of the Attending Physician.	Number of the line on Schedule 5 upon which this case is reported.	Cause of Death. Primary.	Cause of Death. Immediate.	Signature of the Attending Physician.
1				13				25			
2				14	+ Gun Shot		A W Quary	26			
3	+ Cholera Infantum	Chorea	A W Quary	15			[illegible]	27			
4				16	+ Exposure to Cold	Anasarca	A W Quary	28			
5	+ Hereditary Consumption	Consumption	A W Quary	17				29			
6	+ Exposure	Consumption	A W Quary	18				30			
7	Gun		A W Quary	19				31			
8			A W Quary	20				32			
9				21				33			
10	+ Sunstroke		A W Quary	22				34			
11	+ Cut toe	Tetanus	A W Quary	23				35			
12				24				36			

Page No. 1
Supervisor's Dist: No. 1
Enumeration Dist: No. 92

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.)

July 30, 80

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SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in Sixth & Seventh Civil Districts **in the County of** Hancock, **State of** Pennsylvania, R. B. Campbell, Enumerator.

Number of the family visited in order in which enumerated in Schedule 1.	Name of the person deceased.	Personal Description. Age at last birthday. If under 1 year, give months in fractions, thus—½. If under a month, give days in fractions, thus—½.	Personal Description. Sex—Male (M.) Female (F.)	Personal Description. Color—White (W.) Black (B.) Mulatto (Mu.) Chinese (Ch.) Indian (I.)	What was the civil condition of the person who died? Single /	Married /	Widowed / Divorced D.	Nativity. Place of birth of this person, naming the State or Territory of the U. S., or the country, if of foreign birth.	Nativity. Where was the Father of this person born? (As in column 9.)	Nativity. 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? If less than 1 year, state months in fractions, thus—½.	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.
58	Harris William	2	M	W	/			Penn	Va	Penn		Aug	Bowel Fever	2/12		Homer William
24	Jones Martha J.	46	F	W		/		Va	Va	Va	Keeping House	Nov	Typhoid Fever	20		Templeton John
61	Lawson Elenora	67	F	W		/		Penn	Va	Va	Keeping House	May	[illegible]	[illegible]		Homer William
101	Beal William	76	M	W		/		Va	Va	Va	Farmer	May		50	—	Homer William
110	Campbell Joseph	1	M	W		/		Penn	Penn	Penn		May	Cholera Infantum	1		Homer William
111	Ball Mary	8	F	B		/		Va	Va	Penn		Aug	Scarlatina	1	Va	Homer William
110	— Martha	5	F	B		/		Penn	Va	Penn		Feby	Scarlatina & Pneumonia	5		Homer William
74	Lawson Geo. H.	54	M	W		/		N. C.	N. C.	N. C.	Farmer	Jan	Cancer	33		Homer William
270	Hudson Mary	5/12	F	W		/		Penn	Penn	Penn	Dry	Aug	Bowel Fever	5/12		Homer William
174	Dern Absalom	5/12	M	W		/		Penn	Penn	Penn		May	Bowel Fever	5/12		Homer William
255	Beal Ida B.	3/12	F	W		/		Penn	Penn	Penn		Oct	Croup	3/12		Isaac Thomas
307	Taylor James A.	2/365	M	W		/		Penn	Penn	Penn		Oct	Premature Birth	2/365		None
311	Reid Nancy	28	F	W		/		Penn	Penn	Penn	Wife	Feby	Consumption	28		Russell William
311	Collins Not named	1/365	M	W		/		Penn	Penn	Penn		Feby	Premature Birth	1/365		Polando John
3	Anderson Nicholas	81	M	W		/		Penn	Penn	Penn	Farmer	Dec	Dropsy	80		Hage Thos.
—	Carpenter Nancy	67	F	W		/		Penn	Penn	Penn	Keeping House	Jan	Chronic Diarrhea	67	Pa	None
329	Williams Stephen	2	F	W		/		Penn	Penn	Penn		May	Whooping Cough	2		None
64	Jacobs Jno.	38	M	W		/		N. C.	N. C.	N. C.	Farmer	July	Consumption	20		None
356	Williams Elizabeth	1/4	F	W		/		Penn	Penn	Penn		April	Croup	1/4		Homer William
26	Wilson Joseph	23	M	W		/		Penn	Penn	Penn	Wife Marie	Apr	Scrofula Consumption	23		Robinette Jas.
208	Blackburn Martin	60	M	B		/		N. C.	N. C.	N. C.	Farm Laborer	Jan	Chronic Diarrhea	10		None
72	Geo.	30	M	W	/			Penn				Sept	Gun Shot wound			Horne W. B.
73	L. Ferguson	"	"	"	/			Penn				July	Messenger			W. B. Horner
74	W. Erickson	5	"	B	/			Penn	Penn	Penn		Aug	Bowel Fever			" " "
75	Celestine Dickey	20	M	W							Farmer	Mch	Phthisis			" " "
76	Floyd Collins	47	M	W	/			✓ "			Farmer	May	Mortgage of Sem.	Entry		W. Carroll
77	G. W. Lawson	50	"	W	/			✓ "			"	Mch	Syphilis			Horner W. B.
	W. C. Trent	19	M	W	/			✓ "			"	Sept.	Pneumonia			G. Trent

Note E.—Upon this Schedule should be CAREFULLY RETURNED:

1st. Every death which has occurred in this enumeration district during the Census year, whether the deceased was or was not, at death, a member of any family which resided June 1, 1880, in the district.

2d. Every death which has occurred outside of this enumeration district during the Census year, the deceased being at date of death a member of a family which resided June 1, 1880, in the enumeration district.

The enumerator should make these entries upon this Schedule with great care, seeking every source of information. When a positive statement is impossible, as when an age can only be estimated, or a birth-place must be conjectured, the entry may be inclosed in parentheses, thus: Age (25), meaning that the best estimate of the age that can be given is 25 years.

Of the deaths reported above, the following occurred in this enumeration district, but the families to which the deceased belonged, resided June 1, 1880, out of the enumeration district, as follows:

Number of the line upon which the case is reported above.	Place where the family of the deceased resided June 1, 1880. Town.	County.	State.

Of the deaths reported above, the following occurred out of this enumeration district, though the families to which the deceased belonged, resided June 1, 1880, in this enumeration district, as follows:

Number of the line upon which the case is reported above.	Place where the death occurred. Town.	County.	State.

REMARKS.

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Page No. 1
Supervisor's Dist: No. 1
Enumeration Dist: No. 93

[7-222.]

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 93 Enumeration District, in the County of Hancock, State of Tennessee, Mc Henry Allen, Enumerator.

Number of the family as given in column numbered 2—see Schedule 1.	Name of the person deceased.	Personal Description. Age at last birthday. If under 1 year, give months; if under 1 month, give days in fractions.	Sex—Male (M.) Female (F.)	Color—White (W.) Black (B.) Mulatto (Mu.) Chinese (Ch.) Indian (I.)	What was the civil condition of the person who died? Single	Married	Widowed	Divorced D.	Nativity. 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? If less than 1 year, state months in fractions, thus 6/12.	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.
4	Overton M. B.	65	M	W		/			Tenn	Tenn	Tenn	Farmer	July	Apoplexy			
14	Inman Jane	10/30	F	W	/				Tenn	Tenn	Va		Oct	Fever			
24	Hill David	45	M	W		/			Tenn	Tenn	Tenn	Farmer	Sept	Pleurisy Congestion			Dr Hickam
34	Berry David D.	32	M	W		/			Tenn	N. C.	Tenn	Farmer	March	Gun Shot	0		Dr Hickam
44	Wolfinbarger Sarah J.	26	F	W	/				Tenn	Va	Va		Nov	Consumption	0		Dr Hickam
46	Marcum Mary	6/12	F	W	/				Tenn	Va	Va		Aug	Typoid fever	0		Dr Morgan
	~~This Ends the 11th Civil District~~																
24	Blaxton William	77	M	W		/			Va	Va	Va	Farmer	May	Drowned in Water	0	25	
33	Vaughn Elizabeth	34	F	W		/			Tenn	Va	Va	Keeping house	Oct	Bullet in Heart	14	34	Dr Hickam
35	Vaughn Sarah	1	F	W	/				Tenn	Ky	Tenn		April	Burned to Death	0	1	Dr Hickam
43	Black Mary	18	F	W	/				Va	Va	Va		Jan	Consumption	0	14	Dr Hendrix
53	Kinder Nancy	49	F	W		/			Va	Va	Va	Keeping house	Sept	Scrofula	0	30	Dr Morgan
	~~This Ends the 8th Civil District~~																
13	Gollahon Thomas	25	M	W					Tenn	Tenn	Va	Worked on farm	May	Shot him Self	0	25	
26	Hopkins Cora	1	F	W					Tenn	Tenn	Tenn		May	Membrana fever	0	1	Dr Campbell
55	Short Franklin	5	M	W	/				Tenn	Va	Va		Nov	Croup	0	1	Dr Gillenwaters
57	Gilbert Benjamin	38	M	W		/			Tenn	Tenn	Tenn	Worked farm	March	Consumption	0	38	
72	King Marcial	3/30	F	W	/				Tenn	Tenn	Va		May	Debility	0	3/30	
	~~This Ends the 9th Civil District~~																
PL	B. Williams	76	M	W		/			Tenn			Farmer	July	Dropsy	0		Hickman Dr
PL	E. Harris	25	F	W		/			"			Housekeeper	Oct	Childbirth	0		"
PL	Simpson Jane	61	F	B	/				Tenn	Tenn	Tenn		Apr	Abortion	0		"
														Cyst on Lower Extremity			
PL	F. Worsham	45	M	W		/			Tenn			Miller	Sept	Typhoid Fever	0		Parkins Dr
PL	B. Alley	40	F	W	/							Farmer's Widow	Apr	Typhoid Malarial Fever			Dr Cowble
PL	M. A. Mullins	1	F	W	/				Tenn				July	Pneumonia	0		Mr Carroll
PL	R. Newman	66	M	B	/				"				Apr	Typhoid Fever	0		Mr Newman

Note E.—Upon this Schedule should be CAREFULLY RETURNED:

1st. Every death which has occurred in this enumeration district during the Census year, whether the deceased was or was not, at death, a member of any family which resided June 1, 1880, in the district.

2d. Every death which has occurred outside of this enumeration district during the Census year, the deceased being at date of death a member of a family which resided June 1, 1880, in the enumeration district.

The enumerator should make these entries upon this Schedule with great care, seeking every source of information. When a positive statement is impossible, as when an age can only be estimated, or a birth-place must be conjectured, the entry may be inclosed in parentheses thus: Age (25), meaning that the best estimate of the age that can be given is 25 years.

Of the deaths reported above, the following occurred in this enumeration district, but the families to which the deceased belonged, resided June 1, 1880, out of the enumeration district, as follows:

Number of the line upon which the case is reported above.	Place where the family of the deceased resided June 1, 1880. Town.	County.	State.

Of the deaths reported above, the following occurred out of this enumeration district, though the families to which the deceased belonged, resided June 1, 1880, in this enumeration district, as follows:

Number of the line upon which the case is reported above.	Place where the death occurred. Town.	County.	State.

REMARKS.