

Page No. 2
Supervisor's Dist: No. 5
Enumeration Dist: No. 14

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 *Civil Dist. No 6*, in the County of *Stoddard*, State of *Missouri*, *Daniel Louis*.

Enumerator

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.		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.	
	Morse Ross	1/2 M W	1					Den			July	Incess of Malign				Dr. Smith	
	Rocky Christie	40 F	13	1				Den	Den	Den	July	Incess of Malign				Dr. Smith	
341	Polke June	3 M	1					Den	Den	Den	Aug	Diphtheria				Dr. Smith	
	Infant	8 days	1					Den	Den	Den	Oct	Diphtheria				Dr. Smith	
	Miller Laura	7 F	13	1				Den	Den	Den	Nov	Incess of Malign				Dr. Smith	

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.
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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 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 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 to 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 in Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line in Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line in Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	Inflammation of brain		S. P. Kelly	13				25			
2	Chronic Bronchitis		"	14				26			
3			Diphtheria R. A. Tate	15				27			
4			Diphtheria R. A. Tate	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.

Supervisor's Dist. No.

Enumeration Dist. No.

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 *Paul T. Smith*, in the County of *Hardman*, State of *Ill.*

Enumerator.

1.	2.	3. Personal Description.			4. What was the civil condition of the person who died?			5. NATIVITY.			12.	13.	14.	15.	16.	17.
		Age at death.	Sex.	Color.	Single.	Married.	Divorced.	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 10.	Where was the Mother of this person born? As in column 11.						
1	Edens Ane	5	F	W	/			Iowa	Iowa	Iowa	Wm	Wm	Wm			Wm
2	Jack man	10	M	W	/			Iowa	Iowa	Iowa	Wm	Wm	Wm			Wm
3	Wassabgon Thom	58	F	W	/			Iowa	Iowa	Iowa	Wm	Wm	Wm			Wm
4	Janet John	3	F	W	/			Iowa	Iowa	Iowa	Wm	Wm	Wm			Wm
5	Shelton Martha	12	F	W	/			Iowa	Iowa	Iowa	Wm	Wm	Wm			Wm
6	Scott Susan	27	F	W	/			Iowa	Iowa	Iowa	Wm	Wm	Wm			Wm
7	Grogan G W	60	M	W	/			Wm	Wm	Wm	Wm	Wm	Wm			Wm
8	Young Mary	2	F	W	/			Iowa	Iowa	Iowa	Wm	Wm	Wm			Wm
9																
10	Died No 18															
11																
12	Siber Robert	1	M	W	/			Iowa	Iowa	Iowa	Wm	Wm	Wm			Wm
13	Conrad Peter	6	F	W	/			Iowa	Iowa	Iowa	Wm	Wm	Wm			Wm
14	Henry Martha	12	F	W	/			Iowa	Iowa	Iowa	Wm	Wm	Wm			Wm
15	Siber Mary	47	F	W	/			Iowa	Iowa	Iowa	Wm	Wm	Wm			Wm
16	Wally Elizabeth	64	F	W	/			Iowa	Iowa	Iowa	Wm	Wm	Wm			Wm
17	Vincent Nancy	39	F	W	/			Iowa	Iowa	Iowa	Wm	Wm	Wm			Wm
18																
19																
20																
21	Additions to Hardman Co. from Supplemental Schedules															
22																
23																
24	Rebecca Freden	36	F	W	/			N. Co.			2nd N. Co. E. D. No. 262	Wm	Wm	Wm		Wm
25																
26																
27	Blakely Francis	21	F	W	/			Iowa			5th Term E. D. No. 151	Wm	Wm	Wm		Wm
28																
29	Additions to Hardman Co. from Supplemental Schedules															
30	Ad. Alex	13	M	W	/			Iowa			3rd Term E. D. No. 151	Wm	Wm	Wm		Wm
31	Dorris Georgiana	12	F	W	/			Iowa			3rd Term E. D. No. 151	Wm	Wm	Wm		Wm
32	Dorris Mrs M	12	F	W	/			Iowa			3rd Term E. D. No. 151	Wm	Wm	Wm		Wm
33	Walt Jerry	53	M	W	/			Iowa			3rd Term E. D. No. 151	Wm	Wm	Wm		Wm
34	Trickling Betty	2	F	W	/			Iowa			3rd Term E. D. No. 151	Wm	Wm	Wm		Wm
35	Melt Susan	71	F	W	/			Iowa			3rd Term E. D. No. 151	Wm	Wm	Wm		Wm
36	Smith Elizabeth	40	F	W	/			Iowa			3rd Term E. D. No. 151	Wm	Wm	Wm		Wm
37	Mills	58	M	W	/			Iowa			3rd Term E. D. No. 151	Wm	Wm	Wm		Wm
38	Warden	58	M	W	/			Iowa			3rd Term E. D. No. 151	Wm	Wm	Wm		Wm

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	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	Influenza		W. H. Brown	13				13			
2	Dysentery		W. H. Brown	14				14			
3	Bronchitis		W. H. Brown	15				15			
4	Membranous croup		W. H. Brown	16				16			
5				17				17			
6	Influenza		W. H. Brown	18				18			
7	Gastric ulcer		W. H. Brown	19				19			
8	Dysentery		W. H. Brown	20				20			
9				21				21			
10				22				22			
11				23				23			
12	Croup		W. H. Brown	24				24			

[7-222.]
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Recd Aug 5 80 139

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in Hardman, in the County of Lincoln, State of Nebraska.

Enumerator.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	
																	How long a resident of the county? If not, how long in this State?	If the disease was not contracted at place of death, state the place.
Name of the person deceased.	Age at last birthday. If under 1 year, give month and day. If 1 year or more, give day, month and year.	Sex - Male (M), Female (F).	Color - White (W), Black (B), Red (R), Yellow (Y), Brown (Br), Other (O).	What was the civil condition of the person who died?	Single / Married / Widowed / Divorced / Other.	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? Give in column 9.	Where was the Mother of this person born? Give in column 10.	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 not, how long in this State?	If the disease was not contracted at place of death, state the place.	Name of attending Physician.				
Frederick Ora	1 1/2	F	B	1		Lin	Lin	Lin			May	Constitution	1 1/2	Lin	Dr. T. E. Pruitt			
Faison James	65	M	B	1		Mo	Mo	Mo	Farmer	Dec	Pneumonia	30	Lin	Dr. T. E. Pruitt				
Lane Rosamund	18	F	B	1		Lin	Lin	Lin	Housewife	Oct	Pneumonia	18	Lin	Dr. T. E. Pruitt				
Barham Edw	23	F	B	1		Lin	Lin	Lin	Pharm	June	Spasms	2	Lin	Dr. T. E. Pruitt				
Faison George	45	M	B	1		Lin	Mo	Mo	Farmer	Aug	Chol. morbus	40	Lin	Dr. T. E. Pruitt				
Hewitt Ella	19	F	B	1		Lin	Lin	Lin	Housewife	Feb	Pneumonia	17	Lin	Dr. T. E. Pruitt				
Hollans Annemie	13	F	B	1		Lin	Lin	Lin	Housewife	Sept	Constitution	13	Lin	Dr. T. E. Pruitt				
Hollans Helen L	17	F	B	1		Lin	Mo	Mo	Housewife	Feb	Constitution	17	Lin	Dr. T. E. Pruitt				
Frederick C G	6	M	B	1		Lin	Lin	Lin	Housewife	Jan	Constitution	6	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Aug	Infant	5	Lin	Dr. T. E. Pruitt				
Barber John	23	F	B	1		Lin	Lin	Lin	Housewife	May	Constitution	23	Lin	Dr. T. E. Pruitt				
Wright J M	23	M	B	1		Lin	Lin	Mo	Housewife	Oct	Constitution	23	Lin	Dr. T. E. Pruitt				
Buritt Catherine	40	F	B	1		Lin	Mo	Mo	Housewife	Feb	Constitution	40	Lin	Dr. T. E. Pruitt				
Andrews Lilly	1	F	B	1		Lin	Mo	Mo	Housewife	July	Infant	1	Lin	Dr. T. E. Pruitt				
McNulty Rose	36	F	B	1		Lin	Mo	Mo	Housewife	May	Constitution	36	Lin	Dr. T. E. Pruitt				
Hall David	58	M	B	1		Mo	Mo	Mo	Farmer	Dec	Infant	58	Lin	Dr. T. E. Pruitt				
Brenting Bertha	72	M	B	1		Lin	Mo	Mo	Housewife	Dec	Constitution	72	Lin	Dr. T. E. Pruitt				
Harrell Hettie	19	F	B	1		Lin	Lin	Mo	Housewife	Jan	Infant	19	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Sept	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
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Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
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Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1		Lin	Lin	Lin	Infant	Jan	Infant	5	Lin	Dr. T. E. Pruitt				
Hamm Infant	5	F	B	1														

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 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 rank.

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 which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	Dying after 2 days		T. E. Burt	13				25			
2	Smallpox, 5 days			14				26			
3	Measles, 7 days			15				27			
4	Died in 10 days			16				28			
5	Typhoid fever, 10 days			17				29			
6	Typhoid fever, 10 days			18				30			
7	Measles, 10 days			19				31			
8	Measles, 10 days			20				32			
9	Measles, 10 days			21				33			
10	Measles, 10 days			22				34			
11	Measles, 10 days			23				35			
12	Measles, 10 days			24				36			

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 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 kyan, 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 which the case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on which the case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on which the case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	Pneumonia		M. H. Baird	13				25	Congestion Brain		B. F. Baird
2				14	Tightened Perineum		B. F. Baird	26	"		
3				15				27	Intussusception		B. F. Baird
4				16				28	Measles		M. H. Baird
5				17	Congestion Brain		B. F. Baird	29			
6				18				30			
7				19	Deadly Hemorrhage		M. H. Baird	31			
8	Congestion Brain		B. F. Baird	20	Whooping Cough		"	32	Still-born		B. F. Baird
9				21				33			
10				22				34			
11				23				35			
12	Consumption		B. F. Baird	24	Cholera Infantum		M. H. Baird	36	Cholera Infantum		B. F. Baird

Received July 27, 1880, 943

Page No. 2
 Supervisor's Dist. No. 5
 Enumeration Dist. No. 51

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

Note B.—In making entries in columns 3, 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 District No. 2; in the County of Harrison, State of Tennessee.

Enumerator.

--NATIVITY--																					
Name of the person deceased.		Personal Description.		What was the civil condition of the person who died?		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 10.		Profession, Occupation or Trade. (Not to be asked in respect to persons under 10 years of age.)		Time, month or season in which the person died.		Disease or cause of death.		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.					
20	Richardson	M	W	Single				Tennessee	Tennessee	Tennessee											
20	Richardson	M	W	Single				Tennessee	Tennessee	Tennessee											
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20	Richardson	M	W	Single				Tennessee	Tennessee	Tennessee											
20	Richardson	M																			

945-

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 D.—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 Wabash, in the County of Wabash, State of Ind. E. B. Stewart

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:

Of the deaths reported above, the following occurred out of this enumeration district, though the families to which the deceased belonged, resided June 1, 1890, in this enumeration district, as follows:

[illegible]

REMARKS.

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

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

me in Section No 3 in the County of Essex

[illegible]

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 complication 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.

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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 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1				13	<i>rickard reed</i>		<i>G. H. Munson</i>	25			
2				14				26			
3	<i>rickard reed</i>		<i>G. H. Munson</i>	15	<i>rickard reed</i>		<i>G. H. Munson</i>	27			
4				16	<i>rickard reed</i>		<i>G. H. Munson</i>	28			
5				17	<i>rickard reed</i>		<i>G. H. Munson</i>	29			
6	<i>rickard reed</i>		<i>G. H. Munson</i>	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. 5
Enumeration Dist: No. 54

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 District No. 4, in the County of Hardeman, State of Tennessee. W. C. Heidson

Name of the person deceased.																	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 months in residence.	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.									
37	Normont, Willy	74	F	B			1	Tennessee	Tenn	Tenn	Midwife	April	Erysipelas	0	1075	Waddell A.P.									
38	New, Georgann	1	F	B			1	Tennessee	Tenn	Tenn		March	Pneumonia	0	1	Waddell A.P.									
39	Wiley, Mariah	13	F	B				Tennessee	Va	Va		July	Amnesia	0	13	Wassell A.P.									
38	Wiley, Mary Willie	2	F	B			1	Tennessee	Va	Va		March	Erysipelas	0	2	Wassell A.P.									
71	Normont, Louisa		F	B				Tennessee	Tenn	Tenn		Jan	Typhoid fever	0	1875	Waddell A.P.									
114	Lemmons, Jane	31	F	W			1	Tennessee	Tenn	Tenn		March	Pneumonia	0	365	Smith, M. H.									
125	Stephenson, Joseph	44	M	W			1	Tennessee	N.C.	N.C.	Farmer	Jan	Consumption	0	12 mos	Prescott, T. H.									
137	Mallet, Anna	22	F	B				Tennessee	N.C.	N.C.	Slave	Feb	Consumption	0	11	Waddell A.P.									
138	Lane, Henry	68	M	W			1	North Carolina	N.C.	N.C.	Hypophymia	May	Consumption	0	4	Abraham									
232	Lane, Mary	365	M	B			1	Tennessee	Tenn	Tenn	Slave	May	Consumption	0	40	Abraham									
239	Harvey, Anne	77	M	W			1	North Carolina	N.C.	N.C.	Farmer	May	Consumption	0	61	Rice, Abraham									
317	Harvey, Elias	67	M	B			1	Virginia	Va	Va	Farmer	Feb	Consumption	0	40	Rice									
324	Mitchell, Jennie	40	F	W			1	Tennessee	N.C.	N.C.	Hypophymia	Jan	Consumption	0	40	Waddell A.P.									
Additions to		Hardenan Co		North Carolina		born		Physicians		Consumption															
DeLoe, Martha		35	F	B			1	Tenn				July	Pneumonia	0		A.Rhea									
3	Johnson, Sallie	19	M	B			1	Tenn			Slave	Sept	Meas. fever	0		Waddell									
4	Matthews, Ruth	2	M	B			1	Tenn				Oct	Chol. morbus	0		"									
5	Reynolds, Ann	22	F	B			1	"			Slave	Feb	Consumption	0		"									
6	Roberts, -	22	M	B			1	"				May	Consumption	0		"									
7	Waddell, Mother	7	F	B			1	"			Slave	Feb	Consumption	0		"									
8	Watts, Sallie	1	F	B			1	"				Sept	Pneumonia	0		Coffman									
9	Wells, Eliza	12	M	B			1	"				Sept	Consumption	0		"									
10	Wells, John	13	M	B			1	"			Slave	Aug	Consumption	0		"									
11	Wells, Miles	24	M	B			1	"			"	Dec	Consumption	0		"									
12	McKueney, -	12	F	B			1	"				July	Consumption	0		Baird									

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:

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:

[illegible]

REMARKS.

(7-222)

Page No. 1
 Supervisor's Dist. No. 5
 Enumeration Dist. No. 57

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

Note B.—In making entries in columns 9, 10, and 11, an affirmative mark only will be used, thus \checkmark , except in the case of Divorced persons, column 9, 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 Hardenman, State of Tennessee, M. R. Bassett, Enumerator.

DECEASED																
Name of the person deceased.		Personal Description.			What was the civil condition of the person who died?			NATIVITY.			Profession, Occupation or Trade.		Disease or cause of death.		Name of attending Physician.	
		Age at last birthday, if under 1 year, state months and days.	Sex.	Color—White (W), Black (B), Mulatto (M), Chinese (C), Indian (I).	Single.	Married.	Divorced.	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 10.	(Not to be asked in respect to persons under 10 years of age.)	The month in which the person died.			How long a resident of the county? If less than a year, state months in parentheses.	If the disease was not contracted at place of death, state the place.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
Oregon Not named	30	M	W	1				Tenn	Tenn	Tenn		August	Croke	0		None
Howell Louis M	37	M	W	1	✓			Tenn	N.C.	N.C.	Tenn	June	Nat Cause	0	37	None
Garrow Laura I	3	M	W	1				Tenn	Tenn	Tenn		Dec	Can. Cause	0	5	"C. K. H. H."
Harris Not named	21	M	W	1				Tenn	Tenn	Tenn		Dec	Nat Cause	0	21	None
Blackburn Benjamin	37	M	W	1	✓			Tenn	N.C.	N.C.	Tenn	Sept	Whiskey	0	37	None
Harris Lewis	80	M	W	1				Tenn	N.C.	N.C.		April	Old age	0	80	None
Lake Ben	21	M	W	1	✓			Tenn	Tenn	Tenn	labor	April	Scrap	0	21	None
Maine Sarah I	70	M	W	1				Tenn	Tenn	Tenn		Aug	Bald Liver	0	30	Baskin
Harris Mary	1	M	W	1				Tenn	Tenn	Tenn		March	Brain Fever	0	1	H. N. Tate
Additions to Hardenman Co. (Dist 57) from Physicians Reports																
Cassar Mip	20	M	W	1				Tenn				Aug	Scrophula	0		Bartwick

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.

Now M. M. Smith, Census Supervisor 5 District of Tennessee. In making my return I have to acknowledge my ~~error~~ in one particular that is with regard to the deaths from June 1, 1879 to June 1, 1880. I was of the opinion when I commenced that the deaths were not to be enumerated with the living but a more careful examination I found that it appears that they should be on Schedule 1 and Schedule 5. I hope you will forgive this error and if it is necessary for them to be corrected with Schedule 1 you will please make the entry for all accordingly. The three last names on Schedule 1 page 26 were entered on the day of correction.

Page No. 1
Supervisor's Dist. No. 3
Enumeration Dist. No. 6-8

[7-222.]

Recd July 27, 1880

953

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 7 & 9, civil districts Hardman, State of Ark. in the County of Polk

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.		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.	
Brown, Jimmie	1 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
to him daily	12 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
to him daily	12 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Haley, Lucinda	21 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Haley, Angus	22 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Hammaker, Lena	1 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
No Name	12 M B	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Bill	28 M B	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Sam	4 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Nellie	16 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Emily	20 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Hattie	12 M B	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
West, Sammie	12 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Moore, Ben	12 M B	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
McCarton, Mary	63 F B	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
No Name	2 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Webb, Byron	13 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Ray, Baby	2 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
McCarton, Mary	12 M B	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Charlotte	20 F B	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Bessie	43 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Sam	14 F B	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Bill	60 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Hattie	12 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, John	38 M W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson, Mary	44 F W	/	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	Turn	
Johnson,																	

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 diarrhea, 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.		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	Cholera		J. J. Brown	13				25			
2				14				26	Measles	Small-pox	
3				15				27			
4	M. H. Haly	Measles	J. J. Haly	16				28			
5	M. H. Haly	Consumption	"	17	Pyrexia	Consumption	J. J. Haly	29			
6	Small-pox		J. J. Haly	18	Key Infant		"	30			
7				19				31			
8				20				32			
9				21	Consumption	Childbirth	J. J. Haly	33			
10				22				34			
11				23				35			
12				24				36			

Page No. 15
Supervisor's Dist. No. 5
Enumeration Dist. No. 59

[7-222.]

Note A.—The Census Year begins June 1, 1870, and ends May 31, 1880.

Note B.—In making entries in columns 6, 7, and 8, an affirmative mark only will be used, thus, "D" for divorced, "M" for married, "S" for single, "W" for widowed, "I" for insane, "D" for deaf, "B" for blind, "P" for pauper, "C" for colored, "W" for white, "B" for black, "I" for Irish, "G" for German, "A" for American, "E" for English, "F" for French, "I" for Italian, "S" for Spanish, "P" for Portuguese, "D" for Dutch, "S" for Swiss, "N" for Norwegian, "S" for Swedish, "D" for Danish, "G" for Greek, "I" for Indian, "C" for Chinese, "J" for Japanese, "O" for Other.

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

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in Civil District 1610, in the County of Hardeman, State of Tennessee. J. A. Ferguson, Enumerator.

Enumerator.																	
Name of the person deceased.		Age at last birthday, if under 1 year, state the month and day in fractions thus— 3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100		Sex— Male (M) Female (F)	Color— White (W) Black (B) Other (O)	Single Married Widowed Divorced	What was the civil condition of the person who died?	NATIVITY	Place of birth of this person, naming the State or Territory, or 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 10.	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 year, state the fraction thus— 1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100	If the disease was not contracted in 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.	
19 Gassen Logansor	10 F B	1	Tennessee	NC	va	now	Consumption	70	Dr. S. M. Hays								
20 Cynthia Butler	6 F B	1	Tennessee	Miss	Miss	June	Brainstorm	6	None								
72 Dixon Seawier	73 M W	1	VI	Caroline	NC	NC	Hammer	Jan	mal	fever	40	Dr. B. M. Bostwick					
73 Infant Hargraves	13 F W	1	Tennessee	Tenn	Tenn	March	unknown	0	1/2	None	4	None					
87 Hall, Millon	8 M B	1	Tennessee	Chick	Miss	Oct	abandoned	6	1	None	1	J. D. Sauls					
91 Malone Dennis	3 M B	1	Tennessee	Miss	Miss	May	unknown	6	2	None	6	None					
74 McDaniel Corah	3 F W	1	Tennessee	Tenn	Miss	Aug	Consumption	6	3	None	3	R. M. Bostwick					
74 Chas Dillard	80 F B	1	Alabama	Ala	Ala	Jan	Lobera	June	40	None	40	R. M. Bostwick					
112 Graham Infant	3 M B	1	Tennessee	Tenn	Tenn	Dec	Unknown	6	7	None	7	None					
124 John Masga	25 F W	1	Tennessee	Tenn	Miss	Aug	Consumption of Brain	6	12	None	12	Dr. Sausser					
126 Dorady Chason	55 F W	1	Alabama	Ala	Ala	Keyping house	Spine	Paralysis	1/5	None	1/5	B. Sauls, Jr					
129 Batten Daniel	52 M B	1	Tennessee	NC	Miss	July	Stroke	6	7	None	7	None					
134 May Infant	12 M B	1	Kentucky	Tenn	Tenn	Sept	Scotom	6	7	None	7	None					
142 Moore Ben	78 M B	1	Virginia	va	va	Harmer	Oct	Stroke	6	50	None	50	Dr. B. Sauls, Jr				
180 Macdonald Infant	30 M W	1	Tennessee	Miss	Tenn	March	Stroke	6	6	None	6	None					
183 Woods Matthe	32 F W	1	Tennessee	Tenn	Miss	Aug	Stroke	6	7	None	7	R. M. Bostwick					
186 Harned Edward	38 M W	1	Alabama	Ala	NC	Harmer	Aug	Stroke	6	25	None	25	None				
Dr. Wiggs Mch	48 M W	1	Tennessee	Miss	Miss	March	Stroke	6	14	None	14	Dr. J. D. Sauls					
Dr. Wiggs S Q	40 F W	1	Tennessee	Miss	Miss	March	Stroke	6	14	None	14	J. D. Sauls					
Additions to Hardeman Co. (Sausser) from Tennessee Returns																	
Gay Mary	7 F B	1	Tenn			Aug	Brainstorm	6	None	6	S. Bostwick						
Worthington	32 F W	1				Aug	Stroke	6	None	6	None						
DR. Matchie Julie	21 F B	1				July	Consumption	6	None	6	None						

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 this 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 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 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				13				25			
2				14	General debility, dropsy of liver		Blanchard	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			

Enumeration Dist: No.

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

J. P. Wilson

157.

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:				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 family of the deceased resided June 1, 1880.			Number of the line upon which the case is reported above.	Place where the death occurred.		
	Town.	County.	State.		Town.	County.	State.
9	Mt. Vernon	Clark	Kennett				
10	"	"	"				

James Raso family reside in Middleton Tenn. Dist. 11. Both are Carding men
2nd Co. 1st Regt. & Co. Commensated as a family, James Raskin was Co. 1st Dist.

Enumerator.

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

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:

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 family of the deceased resided June 1, 1880.			Number of the line upon which the case is reported above.	Place where the death occurred.		
	Town.	County.	State.		Town.	County.	State.
9	St. Lawrence	St. Lawrence	—				
10	St. Lawrence	St. Lawrence	—				

James Rouse family Reside in Middleton Maine Dist. 11. But are burring in
other families & some enumerated as a family. James Rouse in line 10
in mass. The family of the Rouses on line 14 & 17 are, was in the district then
place of above is not known.

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 *diac 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 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				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			

I have not had an opportunity see any of the attending physicians.

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 17th Civil District, in the County of Harborman, State of Tennessee

J. R. Jones

Enumerator.

Enumerator.																
Name of the person deceased.		Age at last birthday. If under 1 year, give month and fraction, thus—4 m. 1/2; if over 1 year, give years and fraction, thus—4 y. 6 m. 1/2.	Sex—Male (M) Female (F).	Color—White (W), Black (B), Mulatto (Mu), Chinese (Ch), Japanese (Ja).	Single (S) Married (M) Widowed (W) Divorced (D).	What was the civil condition of the person who died?	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 8.)	Where was the Mother of this person born? (As in column 8.)	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 and fraction, thus—4 m. 1/2.	If this 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.
16. Harborman, Ellen	80	F	W	/	/		Tenn	Tenn	Tenn	Boarder	July	Congestion liver	0		Joseph C. Alexander	
18. Brown James H.	1	M	W	/	/		Tenn	Tenn	Tenn		August	Croup	0		None	
51. Stearns Elizabeth	36	F	W	/	/		Tenn	Tenn	Tenn	Keeping house	Nov	Consumption	0	36	William M. Allen	
57. Luthers Violet	71	F	W	/	/		Tenn	Tenn	Tenn	Keeping house	March	Scarcely Dies	0	48	William M. Allen	
72. Harris Paul H.	7 1/2	M	W	/	/		Tenn	Tenn	Tenn		April	Typhoid fever	0	12	William M. Allen	
70. McHenry Rebecca	1	F	W	/	/		Tenn	Tenn	Tenn	Keeping house	April	Consumption	0	56	Henry Biggs	
121. Loney (lost name)	50	M	W	/	/		Tenn	Tenn	Tenn	Boarder	April	Consumption	0	56	Henry Biggs	
157. Sertain Sarah	58	F	W	/	/		Tenn	Tenn	Tenn	Keeping house	July	Congestion	0	10	William M. Allen	
151. Ashbury G.	21	M	W	/	/		Tenn	Tenn	Tenn	Keeping house	Nov	Consumption	0	10	William M. Allen	
160. Burgess William G.	14	M	W	/	/		Tenn	Tenn	Tenn	Keeping house	March	Consumption	0	14	William M. Allen	
160. Harris Thomas G.	27	M	W	/	/		Tenn	Tenn	Tenn	Keeping house	April	Consumption	0	6	William M. Allen	

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 this 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.
6		Tippah	Miss
11		Tippah	Miss

REMARKS.

Dr. Henry Biggs lives 12 miles from me and I have had no opportunity of seeing him. Dr. Biggs died before the 1st of June, and Dr. Stewart lives in the State of Mississippi and I did not get to see him. I did however that the above may prove satisfactory. This 12 day of June 1880

J. R. Jones

Enumerator

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 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 on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1				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			

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 District 14*, in the County of *Burdett*, State of *Wisconsin*.

Wm. G. Patrick

Enumerator.

Enumerators.																					
Name of the person deceased.		Age at last birthday. If under 1 year, state the month, and days in fraction.		Sex. Female (F).		Color. White (W), Black (B), Mahogany (M), Chinese (Ch), Indian (I).		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.		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.					
Chancellor R.	2	m	m	1				Lin	Lin	Lin		Feb	Pneumonia	2		Dr Bray					
Buchanan J. H.	18	m	m	1				Lin	Bergin	Lin		Oct	Colony Infantile	10		Dr Nicholas					
Carver Marcus	24	m	B	1				Lin	Lin	Lin		Feb	Wound	24		Dr Nicholas					
Patrick C. C.	7	m	B	1				Lin	Lin	Lin		Apr	Empula	2		Dr Phelan					
Frank Carver	70	m	m	1				Lin	S. C.	Lin		Jan	Pneumonia	5		Dr Moore					
Frank Edwards	24	m	m	1				Lin	S. C.	Lin		Feb	Pneumonia	24		Dr Nicholas					
James Francis	40	m	B	1				Lin	Lin	Lin		Jan	Consumption	40		Dr Moore					
Charles	1/2	m	B	1				Lin	Lin	Lin		Jan	Consumption	1/2		Dr Moore					
Wheatley Mary	1	m	B	1				Lin	Wheatley	Wheatley		Nov	Col. Infantile	1		Dr Nicholas					
Frank Sarah	10	m	B	1				Lin	Lin	Lin		Feb	Consumption	15		Dr Patrick					
Carver Charles	3	m	B	1				Lin	Lin	Lin		Jan	Consumption	3		Dr Nicholas					
James John	7	m	B	1				Lin	Lin	Lin		Feb	Pneumonia	7		Dr Phelan					
Additions to Burdett Co. (Continued)																					
McNellon James	50	m	m	1				Lin			Farmer	July	Heart fever			Bray					
Dotter Teldon	3	m	B	1				Lin				Aug	Heart of brain								

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 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 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				13				25			
2	Primary		Chas. J. W. Russell	14				26			
3	Primary		Wm. J. Russell	15				27			
4				16				28			
5	Primary		Wm. J. Russell	17				29			
6				18				30			
7	Primary		Compton J. E. Moore	19				31			
8				20				32			
9	Primary		J. W. Russell	21				33			
10				22				34			
11				23				35			
12				24				36			

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in 63 enumerations, in the County of Woodman, State of Illinois. J. H. H. H. H. H.

[illegible]

Note E.—Upon this Schedule should be CAREFULLY RETURNED

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 the enumeration district, but the families to which the deceased belonged resided June 1, 1880, out of the enumeration district, as follows:

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:

[illegible]

REMARKS.

Carlson Anderson was shot and killed by James L. Robinson, ball entered the left side between 5th & 6th ribs, passed through the stomach and entered the liver. Anderson died in about 24 hours. Robinson escaped.
Ralt. P. Vernon locked himself in the telegraph office on the evening of the 17th of April and committed suicide by shooting himself through the heart with a pistol. Died in 30 minutes after the fatal wound.

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 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 this line on Schedule upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of this line on Schedule upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of this line on Schedule upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1				13	Pneumonia	Consumption	J. Robinson	25			
2				14				26			
3				15				27			
4				16				28			
5				17	Pneumonia	Consumption	M. J. Siler	29			
6				18	Abortion	Pneumonia	M. J. Siler	30			
7				19	Pneumonia	Consumption	J. Robinson	31	Consumption	Consumption	J. Robinson
8				20	Hypertension	Consumption	J. Robinson	32			
9				21	Epistaxis	Consumption	J. Robinson	33			
10				22	Coronary Stated		J. Robinson	34			
11				23				35	Coronary Stated		J. Robinson
12				24	Pneumonia	Consumption	M. J. Siler	36	Coronary Stated		J. Robinson

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in 63rd Enumeration District in the County of

Adrian, State of Tennessee, D. A. Rutledge

Enumerator.

Name of the person deceased.		Age at death. If under 1 month, give date in fraction. If 1 month or over, give day, month, and year. Sex—Male (M), Female (F). Color—White (W), Black (B), Mahogany (M), Red (R), Yellow (Y), Brown (O). Personal Description.		What was the civil condition of the person who died? Single, Married, Widowed, Divorced, etc.		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 10. Where was the mother of this person born? As in column 11.			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 month, day, and hour. 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.
361	Pitts, Adeline	30	F	M	1			Tennessee	Sevier	Tenn	Kingsport	Dec	Exhaustion	1		M. J. Selver
278	Oakes, John	1	M	M	1			Tennessee	Sevier	Tenn	Sevier	Feb	Exhaustion	1		M. J. Selver
204	Chapman, Sam	1	F	B	1			Tennessee	Sevier	Tenn	Sevier	Jan	Diphtheria	1		J. J. Robinson
Additions to Sevier Co																
7	McCrack, Samuel	10	M	B	1			Tenn	Sevier	Tenn	Sevier	Feb	Exhaustion	1		Robinson
8	Pharm, Joseph	20	M	M	1			"	"	"	Sevier	Feb	Exhaustion	1		"
9	Watts, James	36	M	M	1			"	"	"	Sevier	Feb	Exhaustion	1		Robinson
10	Watts, James	2	M	M	1			"	"	"	Sevier	Feb	Exhaustion	1		"
11	Watts, James	3	M	M	1			"	"	"	Sevier	Feb	Exhaustion	1		Robinson
12	Watts, James	7	M	M	1			"	"	"	Sevier	Feb	Exhaustion	1		"
13	Watts, James	26	M	M	1			"	"	"	Sevier	Feb	Exhaustion	1		Robinson
14	Watts, James	6	M	B	1			"	"	"	Sevier	Feb	Exhaustion	1		Robinson
15	Watts, James	12	M	B	1			"	"	"	Sevier	Feb	Exhaustion	1		Robinson
16	Watts, James	-	M	B	1			"	"	"	Sevier	Feb	Exhaustion	1		Robinson
17	Watts, James	2	M	M	1			"	"	"	Sevier	Feb	Exhaustion	1		Robinson

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 within 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.

Page No.

Supervisor's Dist: No

Enumeration Dist: No

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" will 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 *Cen. Dist. No 6*, in the County of *Hardman*, State of *Missouri* *David Jones*

Enumerator.																	
Number of the family is given in column numbered 1, Schedule 1.																	
Name of the person deceased.																	
Age at last birthday, or under 1 year give age in months, then—days, then—hours, then—minutes.																	
Sex—M or F.																	
Color—W, N, or O.																	
Religion—C, M, or O.																	
Status—S, M, or W.																	
Married.																	
What was the civil condition of the person when died?																	
Place of birth, 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 blank in respect to persons under 16 years of age.																	
The month in which the person died.																	
Disease or cause of death.																	
How long a resident of the county? or year state months in residence.																	
The disease was not contracted prior to 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.	
23	Bismum Jessie	3 M 11	1					Tenn	Tenn	Ark		Autumn	Pyrexia	3		R. A. Tate	
85	Ryber, James	72 M 11	1					Tenn				Nov.	Heart disease	40		More & Tate	
100	Baker Nelly	1 F 11	1					Tenn	Mo	Tenn		August	Cholera	1		Thos Moore	
103	Gray Horace	2 M 11	1					Tenn	Pa	Pa		August	Conv of Brain	1/2		High Tate	
107	Wardlaw Ellen	81 F 11	1					Pa	Pa	Pa		Sept	Old age	57		More & Tate	
155	Savage Casey	2 M 11	1					Tenn	Tenn	Tenn		Sept	Diarrhea	1		More & Tate	
102	Miller James	14 M 11	1					Tenn	Tenn	Tenn		Oct	Rail R Accident	14		More & Tate	
102	Bell Fanny	83 F 11	1					Mo	Mo	Mo		April	Old age			High Tate	
	Smith Maria	40 F 11	1					Mo	Tenn	Tenn		Nov	Con. infection			L. J. Nelly	
Here ends the town of Bolivar																	
205	Amy Ben	84 M 11	1					Mo	Mo	Mo		Laborn	Mo	old age	47		D. J. Newton
205	Higgs Charlotte	9 F 11	1					Tenn	Mo	Tenn		Oct	Diphtheria	9		R. A. Tate	
220	Miller Ann	24 F 11	1					Tenn	Pa	Pa		Happy Home	May	Consumption	24	See 103	Wm Wood
270	Bright Catherine	12 F 11	1					Tenn		Tenn		Mo	Diphtheria	1/2		J. D. Nelly	
282	More Mary	11 F 11	1					Tenn	Tenn	Tenn		Sept	Consumption	19		D. J. Newton	
287	McNeil Kate	16 F 11	1					Tenn	Tenn	Tenn		Sept	Consumption	1/2		More & Tate	
	Wheeler (Infant)	7 F 11	1					Tenn	Tenn	Tenn		Sept	Consumption	1/2		D. J. Newton	
214	Lydia Pearl	16 F 11	1					Pa	Pa	Pa		May	Consumption	10		Robt Tate	
226	Belle Susan	12 F 11	1					Tenn	Tenn	Tenn		Apr	Consumption	1/2		Thos Moore	
300	Petrick Catherine	22 F 11	1					Pa	Pa	Pa		Happy Home	May	Consumption	14		R. A. Tate
300	Brooks Rebecca	40 F 11	1					Pa	Pa	Pa		Laborn	Apr	Pneumonia	14		J. J. Nelly
315	Scott John C	35 M 11	1					Tenn		Tenn		Farmer	Oct	Morphine	35		J. J. Nelly
319	Crisp George	8 M 11	1					Tenn		Tenn		Oct	Scarup	1/2		Robt Tate	
321	Lewis Saml	20 M 11	1					Tenn	Pa	Pa		Laborn	Sept	Scarup	19		J. J. Nelly
327	Nelly Kate E	7 F 11	1					Tenn	Pa	Tenn		Oct	Chol Infantum	1/2		J. J. Nelly	
338	Kishner William	12 M 11	1					Tenn	Tenn	Tenn		Nov	Scarup	1/2		R. A. Tate	
337	Choate Arthur	7 M 11	1					Tenn	Mo	Mo		Aug	Croup	1/2		R. A. Tate	
337	Choate John	2 M 11	1					Tenn	Mo	Mo		Aug	Diphtheria	1/2		R. A. Tate	
340	Vineyard (Infant)	1/2 M 11	1					Tenn	Pa	Pa		Mo	Meningitis	1/2		R. A. Tate	
340	Vineyard Martha	1/2 M 11	1					Tenn	Pa	Pa		Sept	Cholera Infantum	1/2		R. A. Tate	
346	Henry Mary	4 F 11	1					Tenn	Tenn	Tenn		Oct	Congestive Chol	4		J. J. Nelly	
3	Moody Lanny	31 M 11	1					Mo	Mo	Mo		Aug	Cholera Infantum	1/2		J. J. Nelly	
262	McKinnon Geo	35 M 11	1					Tenn	Mo	Mo		Former	Apr	Pneumonia	1/2		R. A. Tate
262	McKinnon May	35 F 11	1					Tenn	Mo	Mo		Former	Apr	Pneumonia	1/2		More & Tate
280	Isabella Hooker	2 F 11	1					Mo	Pa	Pa		Aug	Cholera Infantum	1/2		More & Tate	

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 enclosed 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
little upon
which the case
is reported

Place where the family of the deceased resided June 1, 1900:

Town, _____ County _____

33 Cleveland (unknown)

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
link upon
which the case
is directed.

Place where the death occurred

Town _____ County _____ State _____

Monday June

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*; *fenoral 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.

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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>Empyema R. A. Tate</i>	13			<i>Diphtheria R. A. Tate</i>	25			
2			<i>Heart Disease H. H. Tate</i>	14				26			<i>11. Tate</i>
3			<i>Cholera Infantum Moore & Tate</i>	15	<i>Croup</i>		<i>H. H. Tate</i>	27			<i>Chol. Infant. R. A. Tate</i>
4			<i>Congestion H. H. Tate</i>	16				28			<i>Croup R. A. Tate</i>
5			<i>Old Age J. E. Moore</i>	17			<i>Phthisis H. H. Tate</i>	29			<i>Diphtheria R. A. Tate</i>
6			<i>Diphtheria Moore & Tate</i>	18			<i>Bronchitis J. E. Moore</i>	30			
7			<i>Strangury J. E. Moore</i>	19			<i>Phthisis R. A. Tate</i>	31			
8			<i>Old Age H. H. Tate</i>	20			<i>Bronchitis J. E. Moore</i>	32			<i>Congestion H. H. Tate</i>
9				21			<i>Phthisis R. A. Tate</i>	33			<i>Abscess Lung "</i>
10				22	<i>Pneumonia</i>		<i>H. H. Tate</i>	34			<i>Pneumonia H. H. Tate</i>
11				23				35			<i>Congestion Moore & Tate</i>
12				24			<i>Croup R. A. Tate</i>	36			<i>Emphysema J. E. Moore</i>