

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 Dist. No. 1, in the County of Haywood, State of Tennessee, F. Walker.

[illegible]

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.

The diagram shows a quantum circuit with four qubits. Qubit 1 starts with a Hadamard gate. Qubit 2 starts with a Hadamard gate. Qubit 3 starts with a Hadamard gate. Qubit 4 starts with a Hadamard gate. The circuit then consists of a sequence of CNOT gates: CNOT(1,2), CNOT(2,3), CNOT(3,4), CNOT(4,1), CNOT(1,3), CNOT(2,4), CNOT(3,1), and CNOT(4,2). The final state is measured on all four qubits.

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REMARKS.

in the County of

W. V. McMahon

*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 out of this enumeration district, though the families to which the deceased belonged, resided June 1, 1880, in this enumeration district, as follows:

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

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

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

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

Number of the line upon which this case is reported.	CAUSE OF DEATH.		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.	
1	Malformation of Spine		J.A. Currie	13	Malarial fever		J.A. Currie
2	Correct		J.S. Rawlins	14			
3	Correct		J.S. Rawlins	15	Correct		J.S. Rawlins
4	Correct		J.S. Rawlins	16	Bright's Disease		J.S. Rawlins
5				17			
6	Correct		J.S. Rawlins	18	Correct		W.H. Gorton
7	Correct		J.S. Rawlins	19	Correct		J.S. Rawlins
8				20			
9				21			
10				22			
11	Correct		J.S. Rawlins	23			
12				24			
				25			
				26			
				27			
				28	Correct		W.H. Gorton
				29	Correct		J.S. Rawlins
				30	Correct		J.S. Rawlins
				31	Correct		W.H. Gorton
				32	Typhoid fever		J.A. Currie
				33	Typhoid fever		J.A. Currie
				34	Malarial fever - Moping Cope		J.A. Currie
				35			
				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 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	Malformation of Spine		J. A. Currie	13	Malarial fever		J. A. Currie	25			
2	Correct		J. S. Rantles	14				26			
3	Correct		J. S. Rantles	15	Correct		J. S. Rantles	27			
4	Correct		J. S. Rantles	16	Bright's Disease		J. S. Rantles	28	Correct		W. H. G. Weston
5				17				29	Correct		J. S. Rantles
6	Correct		J. S. Rantles	18	Correct		W. H. G. Weston	30	Correct		J. S. Rantles
7	Correct		J. S. Rantles	19	Correct		J. S. Rantles	31	Correct		W. H. G. Weston
8				20				32	Typhoid fever		J. A. Currie
9				21				33	Typhoid fever		J. A. Currie
10				22				34	Malarial fever & Rheumatic Gout		J. A. Currie
11	Correct		J. S. Rantles	23				35			
12				24				36			



Page No. 2  
 Supervisor's Dist. No. 1208  
 Enumeration Dist. No. 1208

[7-22]

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 Harwood, in the County of Harwood, State of Conn.

Enumerator.

Name of the person deceased.	Personal Description.			What was the civil condition of the person when died?	NATIVITY.	Place of birth of this person, naming the State or Territory of the U. S., or the country, if 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.	The month in which the person died.	Cause of death.	If this disease was not contracted before death, state the place.	Name of attending Physician.
	Sex.	Age.	Color.										
Admission to Harwood Co. from District 1208													
Mr. Jones, Harwood	M	23	W	/					Java Pneumonia				S. Carver
Mr. J. J. Jones	M	30	W	/					Java				Pauline
Mr. Pauline Lucy	F	27	W	/					Pol. Bright disease				"
Pauline	F	27	W	/					Soft Mal fever				"
Walter Joshua	M	25	W	/					Pol. Killed by a snake				"
Southall Jerry	M	77	W	/					Tharmon Soft Mal fever				"
Sammons Geo	M	40	W	/					Pol. Long lab in and				"
Walter Jordan	M	26	W	/					Java Mal fever				"

Note.—Upon this Schedule should be CAREFULLY RETURNED:

1. 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.  
 2. 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 cause 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 but the families to which the deceased belonged resided June 1, 1880, in the enumeration district, as follows:

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

REMARKS.

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 *Abstract No 67*, in the County of *Harwood*, State of *Tenn* *W. Collins*

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.	How long a resident of the county, if not a native, state the fraction of a year.	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.
Harrel M A	11	F	18	1				Term	Term	Term	No occupation	May	Pneumonia	Sign		Dr G Ware
Watkins Milton	42	M	13					Term	Term	Term		July	Influenza	42		No Physician
Martin George	32	M	18					Term	Term	SL		October	Pneumonia	72		No Physician
Thompson Luke	1	M	13					Term	Term	Term		August	Teething	7		No Physician
Infant Ann	7 1/2	F	13					Term	Term	Term		March	Spasms	12		No Physician
Burns Hercules	1 1/2	M	13					Term	Term	Term		Term	Pneumonia	12		No Physician
Starks Stanton	2	M	15					Term	Term	Term		June	Unknown	0	2	No Physician
Infant	M	13						Term	Term	Term		July	Unknown	0	2	No Physician
Infant	F	13						Term	Term	Term		July	Unknown	0	2	No Physician
Day Billy	2	M	14					Term	Unknown	Term		Sept	Dropsy	0	2	Dr Tarry
Blair Frank	16	M	15					Term	Term	Term		Sept	Dropsy	0	42	Dr Martin
Stanley - Inf	F	13						Term	Miss	Term		Mich	Unknown	0		Dr Physician
Kimbrough M	44	M	15					Term	ba	ba		Mich	Pneumonia	0	44	Dr Martin
Black John	31	M	14					Term	Term	Term		Apr	Rheumatism	0	10	Dr Claxton
Boyd M	1	M	13					Term	Term	Term		May	Scars	0	1	No Physician
Michalewicz M	41	M	14					ba	ba	ba	Farm	Oct	Consumption	0	12	
Johnson Gama	24	F	13					Term	Term	Term	Cook	June	"	0	3	Dr Claxton
Lucas Jas	23	M	13					Term	Unknown	Term	F Laborer	June	Congestion Lung	0	12	Dr Tarry
Brooks Geo	50	M	13					ba	ba	ba	Laborer	Apr	Heart Disease	0	3	No Physician
England - Infant	F	13						Term	ali	ali		Feb	Pneumonia	0	4	No Physician
England M	12	M	13					Term	Term	Term		May	Scars	0	12	Dr Martin
Ann Amy	2	M	13					Term	Term	Term		Oct	"	0		Dr Tarry
Phillips Geo	3	M	13					Term	Term	Mid		Mich	Pneumonia	0	2	No Phys
Roberts Ann	31	F	13					Term	ba	ba		June	Consumption	0	2	No Phys
Infant	12	M	13					Term	Term	Term		July	Unknown	0	1	No Phys
Infant	F	13						ba	ba	Term		Sept	Unknown	0	0	No Phys
Proctor Emma	1	M	14					Term	Term	Term		Aug	Scars	0		Claxton
Williams M H	69	F	14					ba	ba	ba		Mich	Pneumonia	0		Claxton
Bancroft S F	28	F	14					Term	ba	ba		"	Pneumonia	0	25	Claxton
Swartz M	20	F	13					Term	SL	SL	Laborer	"	Consumption	0	7	No Phys
Edmond	23	M	13					Term	SL	SL	Laborer	"	Consumption	0	25	No Phys
Flora	11	F	13					Term	SL	SL	Laborer	"	Consumption	0	11	No Phys
Swartz M	22	M	13					Term	Term	Term		Feb	Unknown	0	2	No Phys
Landwehr L D	5	F	14					Miss	Term	Term		Dec	Unknown	0	2	No Phys
Baxter Geo	5	F	14					ali	ali	ali	Domestic	Jan	Unknown	0	10	No Phys
Owen John	20	F	13					Term	Term	Term	F Laborer	Mich	Not known	0	15	Whitney

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

1. Every death which has occurred in this enumeration district during the year ending June 1, 1880, was not at death, but at birth, of any family which resided June 1, 1880, in this enumeration district.

2. 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 when the date of birth is not ascertained, 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.

I have prepared the Schedule to the Physicians for information and wishes to say, inform me that they do not keep an account of reports of disease of Patients who are sick or convalescing. And they say also that they never saw any of the cases which were frequently calling mostly to get medicine - without having the names of a Physician.

D.H.C.



Page No. 2  
Supervisor's Dist: No. 5-  
Enumeration Dist: No. 67

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*).

10.14

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in Greenfield, in the County of Waymond, State of Tenn, Tenn.

[illegible]

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 must be so noted in parentheses, thus: Age (25), meaning that the best estimate of the age that can be given is 25 years.

[illegible]

## REMARKS

I have no further remarks to make other than those made on page 1

186  
B...





## 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.

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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	Catasthal Fever	Coma	H.P. Hudson	13	Pneumonia	Dropsy Chest	H.P. Hudson	25			
2	Malarial Fever	Coma	H.P. Hudson	14				26			
3	Coma	Stated	H.P. Hudson	15	Coma	Stated	H.P. Hudson	27			
4	Scirrhoid	Stated	H.P. Hudson	16				28	Typhoid Fever	Dysentery	H.P. Hudson
5	Muscular Rigidity	Diarrhea	H.P. Hudson	17	Coma	Stated	H.P. Hudson	29	Coma	Stated	H.P. Hudson
6	Coma	Stated	H.P. Hudson	18				30			
7				19	Purpural Fever	Coma	H.P. Hudson	31			
8				20				32			
9				21	Burn	Erysipelas	H.P. Hudson	33			
10	Cholera infantum		H.P. Hudson	22				34			
11	Dropsy of the Chest		H.P. Hudson	23				35			
12	Cholera Infantum		H.P. Hudson	24	Rheumatism of Chest		H.P. Hudson	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 Baywood, State of Tennessee, Jeff Smith

Enumerator.

Number of the family as shown in our list of burials.																
Name of the person deceased.																
Personal Description.																
What was the civil condition of the person who died?																
NATIVITY.																
Profession, Occupation or Trade.																
The month in which the person died.																
Disease or cause of death.																
How long a resident of the county? (If less than 12 months, state the fraction, thus 1/2, 3/4, etc.)																
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.
✓ 61	Willie E	16	M	B	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	16		J. H. Hargis
✓ 59	Jones Evan	62	M	W	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	30		W. H. Hargis
✓ 84	Walker Eliza	27	F	B	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	27		P. Anderson
✓ 142	Traddel	17	F	B	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	17		P. Anderson
✓ 168	Joiner Texanna	21	F	W	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	31		Campbell
✓ 163	Wiley Mary	53	F	B	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	31		Campbell
✓ 191	Cotton Martha	58	F	B	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	30		7.20. Cooper
✓ 191	Cotton Geo	18	M	B	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	18		7.20. Cooper
✓ 212	Strahley Wm	67	M	B	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	16		7.20. Cooper
✓ 214	Bless I	5/12	M	B	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	12		7.20. Cooper
✓ 219	Stewart (Infant)	1/12	M	W	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	12		7.20. Cooper
✓ 222	Stewart F. L.	6/12	M	W	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	12		7.20. Cooper
✓ 237	Freeman Foster	47	M	B	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	12		7.20. Cooper
✓ 241	Russell W. A.	1	M	W	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	12		7.20. Cooper
✓ 249	McIntosh Earl	1	M	B	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	12		7.20. Cooper
✓ 259	Reed Laura	21	F	B	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	12		7.20. Cooper
✓ 261	Adams Wm	0	M	W	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	12		7.20. Cooper
✓ 261	Narrow	0	M	W	1	1	1	Tenn	Tenn	Tenn	Tenn Laborer	July	Consumption	12		7.20. Cooper

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:

I called to see the Physicians for them to sign but they were away



# 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 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				12	Correctly Stated		J. W. Cooper	25			
2	Pneumonia		W. P. Bradley	13			W. P. Bradley	26			
3				14	Correctly Stated		W. P. Bradley	27			
4				15				28			
5	Correctly Stated		J. W. Cooper	16				29			
6				17	Correctly Stated		J. W. Cooper	30			
7				18				31			
8				19				32			
9				20				33			
10	Correctly Stated		J. W. Cooper	21				34			
11	Correctly Stated		J. W. Cooper	22				35			
12	Correctly Stated		J. W. Cooper	23				36			

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

Note C.—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.—In column 17, note distinctly if no Physician was treated.

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

thus, except in the  
**Review of July 20, 1890**

**SCHEDULE 5.**—Persons who **DIED** during the Year ending May 31, 1880, enumerated by me in *District No. 11*, in the County of *Hayward*, State of *California*. *H. L. Taylor*

Enumerators.																									
Name of the person deceased.		Age and Sex. Under 15 years, give age in years and months. 15 years and over, give age in years.		Personal Description. Race, Color, Sex, Height, Weight, Complexion, Eyes, Hair, Markings, Scars, Tattoos, etc.		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, or 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 taken 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 census? If less than one year, state month in which entering.		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.									
	George Morgan	8	M					Tennessee	North Carolina	North Carolina	Keep House	Decr	Disease of Stomach	30		None									
3	Elizabeth Taylor	30	F	B				"	S. C.	S. C.	Keep House	Aug	Dropsey	30		Dr. W. C. Taylor									
14	Infant	4	M	B				"	Penn	Penn	Keep House	July	Stomach trouble	2		Dr. W. C. Taylor									
68	Miss Laniel	18	F	B				Tennessee	Ta	Ta	Laborer	June	Consumption	18	Home	Dr Sevier									
68	Wm. Mandelarin	25	F	B				Tennessee	Ta	Ta	Keep House	July	Consumption	25	Home	Dr Sevier									
76	Miles Bond	59	M	B				NC	NC	NC	Farmer	Feb	Influenza	21		Dr Patton									
81	Charles Wilson	4	M	B				Tennessee	Tennessee	Tennessee	Laborer	Sept	Pneumonia	4		Dr Patton									
94	Caroline Parker	65	F	B				Ta	Ta	Ta	Keep House	June	Dropsey	47		Dr Taylor									
15	Alphonso Nixon	17	M	B				NC	NC	NC	Farmer	Feb	Pneumonia	21		Dr Patton									
38	Bess Bond	35	F	B				NC	NC	NC	Laborer	Apr	Pneumonia	45		Dr Taylor									
9	Virginia Taylor	6	F	B				NC	NC	NC	Keep House	Dec	Dropsey	6		Dr Taylor									
170	Caroline Sevier	64	F	B				NC	NC	NC	Keep House	May	Consumption	35		Dr Taylor									
"	William Taylor	50	M	B				NC	NC	NC	Keep House	May	Consumption	35		Dr Taylor									
7	Samuel Allen	2	M	B				NC	NC	NC	Keep House	May	Consumption	35		Dr Taylor									
226	Miles V. Carter	3	M	B				NC	NC	NC	Keep House	Sept	Dropsey	6		Dr Taylor									
226	Emily Lee	40	F	B				Ta	Ta	Ta	Keep House	Sept	Child birth	35		Dr Taylor									
228	Stephen Taylor	76	M	B				Ta	Ta	Ta	Keep House	Aug	Consumption	35		Dr Taylor									
237	Ira L. Barcroft	7	M	B				NC	NC	NC	Keep House	May	Dropsey	6		Dr Taylor									
240	Child of Anderson	1	M	B				NC	NC	NC	Keep House	May	Dropsey	6		Dr Taylor									
240	Child of Taylor	5	M	B				NC	NC	NC	Keep House	May	Dropsey	6		Dr Taylor									
288	Simon Sturdivant	1	M	B				NC	NC	NC	Keep House	May	Consumption	6		Dr Taylor									
292	Child of Perkins	7	M	B				NC	NC	NC	Keep House	Oct	Dropsey	6		Dr Taylor									
319	Child of Jones	7	M	B				NC	NC	NC	Keep House	Oct	Dropsey	6		Dr Taylor									
322	Silas Jones	3	M	B				NC	NC	NC	Keep House	May	Dropsey	6		Dr Taylor									
342	Amie Sturdivant	12	F	B				NC	NC	NC	Keep House	May	Dropsey	6		Dr Taylor									
"	Sylvia Sturdivant	45	F	B				Ta	Ta	Ta	Keep House	May	Dropsey	6		Dr Taylor									
343	Samuel Whitlaw	14	F	B				NC	NC	NC	Keep House	May	Dropsey	6		Dr Taylor									
"	Mollie Whitlaw	16	F	B				NC	NC	NC	Keep House	May	Dropsey	6		Dr Taylor									
"	John A. Taylor	55	M	B				NC	NC	NC	Keep House	May	Dropsey	6		Dr Taylor									
376	John F. Skield	7	M	B				NC	NC	NC	Keep House	Sept	Dropsey	6		Dr Taylor									
379	M. E. Leliefer	32	F	B				NC	NC	NC	Keep House	Mar	Consumption	32		Dr Taylor									
377	Child of May	9	M	B				NC	NC	NC	Keep House	Mar	Consumption	32		Dr Taylor									

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.



# 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 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.	
1				13			
2	Correctly stated	W. W. Taylor		14	Correctly stated	W. W. Taylor	
3	Correctly stated	W. W. Taylor		15			
4	Correctly stated	W. W. Taylor		16			
5	Correctly stated	W. W. Taylor		17	Correctly stated	J. M. Patten	
6	Correctly stated	W. W. Taylor		18	Correctly stated	J. M. Patten	
7	Correctly stated	W. W. Taylor		19	Correctly stated	J. M. Patten	
8	Correctly stated	W. W. Taylor		20			
9	Correctly stated	W. W. Taylor		21			
10	Correctly stated	W. W. Taylor		22			
11	Correctly stated	W. W. Taylor		23	Correctly stated	J. W. Cooper	
12	Correctly stated	W. W. Taylor		24	Correctly stated	J. W. Cooper	
25	Correctly stated	J. W. Cooper		25	Correctly stated	J. W. Cooper	
26	Correctly stated	J. W. Cooper		26	Correctly stated	J. W. Cooper	
27	Correctly stated	J. W. Cooper		27	Correctly stated	J. W. Cooper	
28	Correctly stated	J. W. Cooper		28	Correctly stated	J. W. Cooper	
29	Correctly stated	J. W. Cooper		29	Correctly stated	J. W. Cooper	
30	Correctly stated	J. W. Cooper		30	Correctly stated	J. W. Cooper	
31	Correctly stated	J. W. Cooper		31	Correctly stated	J. W. Cooper	
32	Correctly stated	J. W. Cooper		32	Correctly stated	J. W. Cooper	
33				33			
34				34			
35				35			
36				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 *Wilmington*, in the County of*Hagerman*, State of *Tennessee**H.C. Myers*

Enumerator.

Name of the person deceased.		Age at death.	Sex.	Color.	Married.	Divorced.	What was the civil condition of the person who died?	Place of birth of the person, naming the State or Territory of the U.S., or the country, if of foreign birth.	Where was the person born?	When was the person born?	Profession, Occupation or Trade.	The month in which the person died.	Disease or cause of death.	Had, long as a resident of the county, been a member of any state militia or volunteer corps?	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.
10. Matthews	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H. H. French	18	M	W				Tenn	Tenn	1862	Farmer	April	Consumption			None
10. H. H. French	10. H.															

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:

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:

Place where the death occurred.

Town. County. State.

REMARKS.

No. 102. No Physician.  
 5. in aging condition when he arrived.  
 29. died before he arrived.  
 29. No Phys.  
 28-30-31. Phys. dead.



# 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.		
	Primary.	Immediate.			Primary.	Immediate.			
1				13	Correctly reported	J. H. Howell	25	Correctly reported	J. R. Allen
2				14			26	Correctly reported	J. H. Howell
3				15	Correctly reported	J. R. Allen	27	Correctly reported	J. H. Howell
4	Local Anemia			16	Correctly stated	W. Taylor	28		
5	Coma			17	Correctly reported	J. R. Allen	29	Correctly reported	J. H. Howell
6				18	Correctly reported	J. H. Howell	30		
7				19	Correctly reported	J. H. Howell	31		
8	Correctly reported	J. H. Howell		20			32	Correctly reported	J. R. Allen
9	Correctly reported	J. H. Howell		21	Typhoid Fever	C. H. Senior	33	Correctly reported	J. R. Allen
10	Correctly reported	J. H. Howell		22	Correctly reported	J. H. Howell	34	Correctly reported	J. R. Allen
11				23	Correctly reported	J. H. Howell	35		
12	Profound Anemia			24	Correctly stated	W. Taylor	36	Correctly stated	W. Taylor

37: Typhoid fever - H. from bowels W. Taylor

Page No. 2  
 Supervisor's Dist. No. 5  
 Enumeration Dist. No. 72

[7-222]

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

1021

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in Princeton, in the County of Wayne, State of Michigan

Enumerated by

Name of the person deceased.	Personal Description.			What was the civil condition of the person, when died?			NATIVITY.			Profession, occupation or Trade.			Cause of death.			Name of attending Physician.		
	1. Sex.	2. Age.	3. Color.	4. Single.	5. Married.	6. Divorced.	7. Born in this country.	8. Foreign birth.	9. As in column 7.	10. As in column 8.	11. As in column 9.	12. As in column 10.	13. As in column 11.	14. As in column 12.	15. As in column 13.	16. As in column 14.	17. As in column 15.	18. As in column 16.
Traditions																		
R. Capel	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Taylor	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Taylor Nicholas	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
R. Boue Alice	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Note B.—Upon this Schedule should be CAREFULLY RETURNED:  
 1. 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.  
 2. 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 (such as: 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 the enumeration district, as follows:

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

REMARKS.



Enumeration Dist: No.

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

Hayward, State of Tennessee, J. C. Heard.

*Enumerator*

Name of the person deceased.		Personal Description.		What was the civil condition of the person who died?		NATIVITY.		Place of birth of this person, naming the State or Territory of the U. S., or the country, if of foreign birth.		Where was the father of this person born? As in column 9.		Where was the mother of this person born? As in column 10.		Profession, Occupation or Trade.		This 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.							
8	Michael J.	5/4/41	1					Ireland	Ireland	Ireland				July		W. P. Harvey							
11	William J. Green	5/4/41	1					"	"	"				July		"							
26	Wesley C. Green	5/4/41	1					"	"	"				July		"							
18	Robert J. Green	5/4/41	1					"	"	"				July		"							
51	Reed J. Green	5/4/41	1					"	"	"				July		"							
52	Robert J. Green	5/4/41	1					"	"	"				July		"							
53	Robert J. Green	5/4/41	1					"	"	"				July		"							
73	David J. Green	5/4/41	1					"	"	"				July		"							
47	William J. Green	5/4/41	1					"	"	"				July		"							
48	Jeffrey J. Green	5/4/41	1					"	"	"				July		"							
118	William J. Green	5/4/41	1					"	"	"				July		"							
116	William J. Green	5/4/41	1					"	"	"				July		"							
118	William J. Green	5/4/41	1					"	"	"				July		"							
119	William J. Green	5/4/41	1					"	"	"				July		"							
121	William J. Green	5/4/41	1					"	"	"				July		"							
122	William J. Green	5/4/41	1					"	"	"				July		"							
123	William J. Green	5/4/41	1					"	"	"				July		"							
124	William J. Green	5/4/41	1					"	"	"				July		"							
125	William J. Green	5/4/41	1					"	"	"				July		"							
126	William J. Green	5/4/41	1					"	"	"				July		"							
127	William J. Green	5/4/41	1					"	"	"				July		"							
128	William J. Green	5/4/41	1					"	"	"				July		"							
129	William J. Green	5/4/41	1					"	"	"				July		"							
130	William J. Green	5/4/41	1					"	"	"				July		"							
131	William J. Green	5/4/41	1					"	"	"				July		"							
132	William J. Green	5/4/41	1					"	"	"				July		"							
133	William J. Green	5/4/41	1					"	"	"				July		"							
134	William J. Green	5/4/41	1					"	"	"				July		"							
135	William J. Green	5/4/41	1					"	"	"				July		"							
136	William J. Green	5/4/41	1					"	"	"				July		"							
137	William J. Green	5/4/41	1					"	"	"				July		"							
138	William J. Green	5/4/41	1					"	"	"				July		"							
139	William J. Green	5/4/41	1					"	"	"				July		"							

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 (35), meaning that the best estimate of the age that can be given is 25 years.

[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 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 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.	
1	Large Liver	Support	M. P. Harvey	13	Malaria	Angerlin	M. P. Harvey
2	Phlebotomy of heart		" " "	14			
3	Exposure	Pneumonia	" " "	15	Exposure	Granville	R. A. Goss
4				16			
5				17	Exposure		J. R. H. Goss
6				18			
7				19			
8	Amputation	Angerlin	W. W. Taylor	20			
9				21	Organic disease	Exposure	M. P. Harvey
10	Apoplexy	of brain	M. P. Harvey	22			
11	Exposure	Pneumonia	" " "	23			
12	Exposure	Pneumonia	" " "	24	Exposure	Exposure	M. P. Harvey



JULY 27, 1880

Page No. 2Supervisor's Dist. No. 5Enumeration Dist. No. 23

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

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

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

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

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in the 13 civil Dist. in the County of Hayward, State of Calif., J. B. McCard Enumerator.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
Name of the person deceased.	Age at death.	Sex.	Married.	Single.	Divorced.	Widowed.	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 9.)	Profession, Occupation or Trade.	The month in which the person died.	Disease or cause of death.	How long a resident of the county? (State month and fraction.)	If the disease was not contracted at place of death, state the place.	Name of attending Physician.
445 <u>Burroughs, John</u>	<u>22</u>	<u>M</u>	<u>1</u>					<u>Denmark</u>	<u>Denmark</u>	<u>Denmark</u>	<u>Farmer</u>	<u>Aug</u>	<u>Not known</u>	<u>8</u>		<u>None</u>
446 <u>Porter, John</u>	<u>29</u>	<u>M</u>	<u>1</u>					<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>Oct</u>	<u>Consumption</u>	<u>12</u>	<u>Hayward</u>	<u>None</u>
447 <u>Vance, John</u>	<u>12</u>	<u>M</u>	<u>1</u>					<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>Aug</u>	<u>Not known</u>	<u>0</u>		<u>"</u>
448 <u>Whitcomb, John</u>	<u>8</u>	<u>M</u>	<u>1</u>					<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>Oct</u>	<u>Consumption</u>	<u>0</u>		<u>"</u>
449 <u>"</u>	<u>2</u>	<u>M</u>	<u>1</u>					<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>Oct</u>	<u>Consumption</u>	<u>0</u>		<u>"</u>
450 <u>"</u>	<u>17</u>	<u>M</u>	<u>1</u>					<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>Oct</u>	<u>Consumption</u>	<u>0</u>		<u>"</u>
451 <u>"</u>	<u>3</u>	<u>M</u>	<u>1</u>					<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>Oct</u>	<u>Consumption</u>	<u>0</u>		<u>"</u>
452 <u>Waters, Mary</u>	<u>63</u>	<u>F</u>	<u>1</u>					<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>Oct</u>	<u>Consumption</u>	<u>0</u>		<u>"</u>
453 <u>"</u>	<u>56</u>	<u>F</u>	<u>1</u>					<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>Oct</u>	<u>Consumption</u>	<u>0</u>		<u>"</u>
454 <u>Waters, Mary</u>	<u>20</u>	<u>M</u>	<u>1</u>					<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>Oct</u>	<u>Consumption</u>	<u>0</u>		<u>"</u>
455 <u>Waters, Mary</u>	<u>16</u>	<u>F</u>	<u>1</u>					<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>Oct</u>	<u>Consumption</u>	<u>0</u>		<u>"</u>
456 <u>"</u>	<u>3</u>	<u>M</u>	<u>1</u>					<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>Oct</u>	<u>Consumption</u>	<u>0</u>		<u>"</u>
Addition to Hayward Co. <u>Hayward, Oct Mal fever</u>																
457 <u>Hall, Elizabeth</u>	<u>32</u>	<u>F</u>	<u>1</u>					<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>Oct</u>	<u>Mal fever</u>	<u>0</u>		<u>None</u>

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.
<u>11</u>	<u>Hayward</u>
<u>12</u>	<u>"</u>

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.
<u>15</u>	<u>Hayward</u>
<u>17</u>	<u>"</u>
<u>26</u>	<u>Modesto</u>

REMARKS.

Received July 27, 1880.

[7-222.]

Page No. 1  
Supervisor's Dist. No. 5  
Enumeration Dist. No. 74

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.)

1024

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in Wabash No 9, in the County of Hogwood, State of Indiana, P. J. Gels Enumerator.

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.	101.	102.	103.	104.	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.	115.	116.	117.	118.	119.	120.	121.	122.	123.	124.	125.	126.	127.	128.	129.	130.	131.	132.	133.	134.	135.	136.	137.	138.	139.	140.	141.	142.	143.	144.	145.	146.	147.	148.	149.	150.	151.	152.	153.	154.	155.	156.	157.	158.	159.	160.	161.	162.	163.	164.	165.	166.	167.	168.	169.	170.	171.	172.	173.	174.	175.	176.	177.	178.	179.	180.	181.	182.	183.	184.	185.	186.	187.	188.	189.	190.	191.	192.	193.	194.	195.	196.	197.	198.	199.	200.	201.	202.	203.	204.	205.	206.	207.	208.	209.	210.	211.	212.	213.	214.	215.	216.	217.	218.	219.	220.	221.	222.	223.	224.	225.	226.	227.	228.	229.	230.	231.	232.	233.	234.	235.	236.	237.	238.	239.	240.	241.	242.	243.	244.	245.	246.	247.	248.	249.	250.	251.	252.	253.	254.	255.	256.	257.	258.	259.	260.	261.	262.	263.	264.	265.	266.	267.	268.	269.	270.	271.	272.	273.	274.	275.	276.	277.	278.	279.	280.	281.	282.	283.	284.	285.	286.	287.	288.	289.	290.	291.	292.	293.	294.	295.	296.	297.	298.	299.	300.	301.	302.	303.	304.	305.	306.	307.	308.	309.	310.	311.	312.	313.	314.	315.	316.	317.	318.	319.	320.	321.	322.	323.	324.	325.	326.	327.	328.	329.	330.	331.	332.	333.	334.	335.	336.	337.	338.	339.	340.	341.	342.	343.	344.	345.	346.	347.	348.	349.	350.	351.	352.	353.	354.	355.	356.	357.	358.	359.	360.	361.	362.	363.	364.	365.	366.	367.	368.	369.	370.	371.	372.	373.	374.	375.	376.	377.	378.	379.	380.	381.	382.	383.	384.	385.	386.	387.	388.	389.	390.	391.	392.	393.	394.	395.	396.	397.	398.	399.	400.	401.	402.	403.	404.	405.	406.	407.	408.	409.	410.	411.	412.	413.	414.	415.	416.	417.	418.	419.	420.	421.	422.	423.	424.	425.	426.	427.	428.	429.	430.	431.	432.	433.	434.	435.	436.	437.	438.	439.	440.	441.	442.	443.	444.	445.	446.	447.	448.	449.	450.	451.	452.	453.	454.	455.	456.	457.	458.	459.	460.	461.	462.	463.	464.	465.	466.	467.	468.	469.	470.	471.	472.	473.	474.	475.	476.	477.	478.	479.	480.	481.	482.	483.	484.	485.	486.	487.	488.	489.	490.	491.	492.	493.	494.	495.	496.	497.	498.	499.	500.	501.	502.	503.	504.	505.	506.	507.	508.	509.	510.	511.	512.	513.	514.	515.	516.	517.	518.	519.	520.	521.	522.	523.	524.	525.	526.	527.	528.	529.	530.	531.	532.	533.	534.	535.	536.	537.	538.	539.	540.	541.	542.	543.	544.	545.	546.	547.	548.	549.	550.	551.	552.	553.	554.	555.	556.	557.	558.	559.	560.	561.	562.	563.	564.	565.	566.	567.	568.	569.	570.	571.	572.	573.	574.	575.	576.	577.	578.	579.	580.	581.	582.	583.	584.	585.	586.	587.	588.	589.	590.	591.	592.	593.	594.	595.	596.	597.	598.	599.	600.	601.	602.	603.	604.	605.	606.	607.	608.	609.	610.	611.	612.	613.	614.	615.	616.	617.	618.	619.	620.	621.	622.	623.	624.	625.	626.	627.	628.	629.	630.	631.	632.	633.	634.	635.	636.	637.	638.	639.	640.	641.	642.	643.	644.	645.	646.	647.	648.	649.	650.	651.	652.	653.	654.	655.	656.	657.	658.	659.	660.	661.	662.	663.	664.	665.	666.	667.	668.	669.	670.	671.	672.	673.	674.	675.	676.	677.	678.	679.	680.	681.	682.	683.	684.	685.	686.	687.	688.	689.	690.	691.	692.	693.	694.	695.	696.	697.	698.	699.	700.	701.	702.	703.	704.	705.	706.	707.	708.	709.	710.	711.	712.	713.	714.	715.	716.	717.	718.	719.	720.	721.	722.	723.	724.	725.	726.	727.	728.	729.	730.	731.	732.	733.	734.	735.	736.	737.	738.	739.	740.	741.	742.	743.	744.	745.	746.	747.	748.	749.	750.	751.	752.	753.	754.	755.	756.	757.	758.	759.	760.	761.	762.	763.	764.	765.	766.	767.	768.	769.	770.	771.	772.	773.	774.	775.	776.	777.	778.	779.	780.	781.	782.	783.	784.	785.	786.	787.	788.	789.	790.	791.	792.	793.	794.	795.	796.	797.	798.	799.	800.	801.	802.	803.	804.	805.	806.	807.	808.	809.	810.	811.	812.	813.	814.	815.	816.	817.	818.	819.	820.	821.	822.	823.	824.	825.	826.	827.	828.	829.	830.	831.	832.	833.	834.	835.	836.	837.	838.	839.	840.	841.	842.	843.	844.	845.	846.	847.	848.	849.	850.	851.	852.	853.	854.	855.	856.	857.	858.	859.	860.	861.	862.	863.	864.	865.	866.	867.	868.	869.	870.	871.	872.	873.	874.	875.	876.	877.	878.	879.	880.	881.	882.	883.	884.	885.	886.	887.	888.	889.	890.	891.	892.	893.	894.	895.	896.	897.	898.	899.	900.	901.	902.	903.	904.	905.	906.	907.	908.	909.	910.	911.	912.	913.	914.	915.	916.	917.	918.	919.	920.	921.	922.	923.	924.	925.	926.	927.	928.	929.	930.	931.	932.	933.	934.	935.	936.	937.	938.	939.	940.	941.	942.	943.	944.	945.	946.	947.	948.	949.	950.	951.	952.	953.	954.	955.	956.	957.	958.	959.	960.	961.	962.	963.	964.	965.	966.	967.	968.	969.	970.	971.	972.	973.	974.	975.	976.	977.	978.	979.	980.	981.	982.	983.	984.	985.	986.	987.	988.	989.	990.	991.	992.	993.	994.	995.	996.	997.	998.	999.	1000.	1001.	1002.	1003.	1004.	1005.	1006.	1007.	1008.	1009.	1010.	1011.	1012.	1013.	1014.	1015.	1016.	1017.	1018.	1019.	1020.	1021.	1022.	1023.	1024.	1025.	1026.	1027.	1028.	1029.	1030.	1031.	1032.	1033.	1034.	1035.	1036.	1037.	1038.	1039.	1040.	1041.	1042.	1043.	1044.	1045.	1046.	1047.	1048.	1049.	1050.	1051.	1052.	1053.	1054.	1055.	1056.	1057.	1058.	1059.	1060.	1061.	1062.	1063.	1064.	1065.	1066.	1067.	1068.	1069.	1070.	1071.	1072.	1073.	1074.	1075.	1076.	1077.	1078.	1079.	1080.	1081.	1082.	1083.	1084.	1085.	1086.	1087.	1088.	1089.	1090.	1091.	1092.	1093.	1094.	1095.	1096.	1097.	1098.	1099.	1100.	1101.	1102.	1103.	1104.	1105.	1106.	1107.	1108.	1109.	1110.	1111.	1112.	1113.	1114.	1115.	1116.	1117.	1118.	1119.	1120.	1121.	1122.	1123.	1124.
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Note E.—Upon this Schedule should be CAREFULLY RETURNED:

1st. Every death which has occurred in this enumeration district during the Census year, whether the deceased was or was not, at death, a member of any family which resided June 1, 1880, in the district.  
2d. Every death which has occurred outside of this enumeration district during the Census year, the deceased being at date of death a member of a family which resided June 1, 1880, in the enumeration district.  
The enumerator should make these entries upon this Schedule with great care, seeking every source of information. When a positive statement is impossible, as when an age can only be estimated, or a birth-place must be conjectured, the entry may be inclosed in parentheses, thus: Age (25), meaning that the best estimate of the age that can be given is 25 years.

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

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

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

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

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 hip; 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 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	<i>Correctly stated</i>	<i>manuscript</i>	<i>L. P. Curtis</i>	30			
7				19				31			
8	<i>Correctly stated</i>		<i>L. P. Curtis</i>	20				32			
9	<i>Correctly stated</i>		<i>L. P. Curtis</i>	21				33			
10	<i>Correctly stated</i>			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).

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 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:



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 the 10th District, in the County of Kaywood, State of Tennessee, J. C. McCallum, Enumerator.

Number of the family as given in column numbered 2, schedule 1.																	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.		How long a resident of the county in which the person died.		If the disease was not contracted in this county, state the place.		Name of attending Physician.	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.			
1	McCall, E. J.	41	M	W	1			Tenn	Tenn	Tenn	Street-keeper	Dec 1879	Heart disease	19		J. R. Sumner			
2	McElroy, Vanie	52	F	W	1			Tenn	Tenn	Tenn	House-keeping	Sept 1879	Heart disease	19		J. R. Sumner			
3	Permit, Jane	25	F	W	1			Tenn	Tenn	Tenn	House-keeping	Feb 1879	Heart disease	19		J. R. Sumner			
4	Stedman, Richard	46	M	W	1			Tenn	Tenn	Tenn	Farmer	Mar 1879	Heart disease	19		J. R. Sumner			
5	Wells, Sally	70	M	B	1			Nb.	Not known		Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
6	Lucas, Harriet	16	F	W	1			Tenn	Tenn		Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
7	Wilkinson, J. W.	22	M	W	1			Tenn	Tenn	Tenn	Farmer	Mar 1879	Inflamation of the lungs	19		J. R. Sumner			
8	Ludley, Susan	10	F	W	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
9	Harris, Nancy	5	F	W	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
10	Johnson, E. J.	24	M	W	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
11	Finney, Sonie	1	F	W	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
12	Johnson, Bond	5	M	W	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
13	Halliburton, Marion	22	M	B	1			Tenn	Nb.	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
14	Johnson, Mary	24	F	W	1			Tenn	Ireland	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
15	Johnson, Infant	3	M	B	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
16	Richardson, John	8	M	B	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
17	Henderson, Louisa	1	F	B	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
18	Jones, Frances	1	F	B	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
19	Jones, Infant	4	M	B	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
20	Bradford, Pamela	40	F	W	1			Nb.	Not known		Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
21	Lucas, Harriet	17	F	W	1			Tenn	Nb.	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
22	Bradford, Child	7	M	B	1			Tenn	Nb.	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
23	Halliburton, Wm	21	M	B	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
24	Lucas, Columbus	21	M	B	1			Tenn	Nb.	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
25	Lucas, Sarah	18	F	B	1			Tenn	Nb.	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
26	Williams, Harriet	40	F	B	1			Tenn	Nb.	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
27	Williams, George	16	M	B	1			Tenn	Nb.	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
28	Anderson, Minnie	24	F	B	1			Tenn	Nb.	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
29	Child	3	F	B	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
30	Wilson, James S.	12	M	W	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
31	McCall, Pamela	2	F	B	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
32	Child	5	F	B	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
33	Smith, Harriet	14	F	B	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
34	Bond, Jim	2	M	B	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
35	Gunn, Gabriel	93	M	B	1			Nb.	Not known		Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
36	White, Mary	54	F	W	1			Nb.	Not known		Mar 1879	Inflamation of the lungs	19		J. R. Sumner				
37	Halliburton, Tenn	18	F	B	1			Tenn	Tenn	Tenn	Mar 1879	Inflamation of the lungs	19		J. R. Sumner				

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

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.
2	Dyer	Tenn	14	Dyer	Tenn	
3	Landis	Tenn	3	Landis	Tenn	
4	Landis	Tenn				

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:

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.

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*, *aneurism*, *carbuncle on hip*; *cancer of breast*, *cancer of uterus*, *cancer of spine*, *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 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	Fever 1.		J. R. Summers	25			
2	✓		J. R. Summers	14				26	✓		Lymphoid Fever abortion F. C. M. M.
3	✓		J. R. Summers	15	✓		J. R. Summers	27			
4	✓		J. R. Summers	16	✓		J. R. Summers	28	+		G. A. Moore
5				17				29	+		G. A. Moore
6	✓		J. R. Summers	18				30	+		J. R. Summers
7				19				31	+		G. A. Moore
8	+		G. A. Moore	20	✓		J. R. Summers	32	+		G. A. Moore
9			G. A. Moore	21	✓		J. R. Summers	33	+		J. R. Summers
10				22	✓		J. R. Summers	34			
11	✓		J. R. Summers	23	✓		J. R. Summers	35			
12	✓		J. R. Summers	24	✓		J. R. Summers	36	+		G. A. Moore



Received July 27, 1880.

7-242

Page No. 2  
 Supervisor's Dist. No. 4  
 Enumeration Dist. No. 7-5

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 6, when the letter "D" is to be used.

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

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

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in the 10th census district, in the County ofRaymondState of TennesseeJ. B. McCallum

Enumerator.

Number of the family as given in original number of schedule 1.		Personal Description.		What was the civil condition of the person when died?		NATIVITY.		Profession, Occupation or Trade.		The month in which the person died.		Disease or cause of death.		How long a resident of the county at date of death.		If the disease was not the total place of death, state the place.		Name of attending Physician.	
Name of the person deceased.		Age at last birthday.	Gender.	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.)										
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
1	Young Nelly	19 # B.	1	✓	Tenn	Va	Va	Booker	March	19									J. A. Smith
2	Lee Henrietta	23 # B.	1	✓	Tenn	Va	Va	Worked on farm	Feb	6									J. A. Moore
3	Hydram Ann	23 # B.	1	✓	Tenn	Va	Va	May	Paralysis	45									J. A. Moore
4	Lee Infant	1 # B.	1	✓	Tenn	Tenn	Tenn	Feb		0									No Physician
5	Edwards Harriet	68 # B.	1	✓	Va	Va	Va	July		46									J. A. Moore
6	Brown Mary J.	1 # B.	1	✓	Tenn	Tenn	Tenn	Aug		1									No Physician
7	E. E. Chaney	23 # B.	1	✓	Tenn	Tenn	Tenn	Michant	Jan	25									J. A. Moore
8	Young Marshal	47 # B.	1	✓	Va	Va	Va	Farmer	Feb	40									J. A. Moore
9	Young Sarah	4 # B.	1	✓	Tenn	Tenn	Tenn	Sept		1									J. A. Moore
10	Smith Samuel	5 # B.	1	✓	Tenn	Tenn	Tenn	July		7									J. A. Smith
11	Taylor Infant	1 # B.	1	✓	Tenn	Tenn	Tenn	June		0									No Physician
12	Young Jeremiah	1 # B.	1	✓	Tenn	Tenn	Tenn	Sept		0									No Physician
13	Charles King	1 # B.	1	✓	Tenn	Tenn	Tenn	Sept		0									No Physician
14	Laughlin Jack	3 # B.	1	✓	Tenn	Tenn	Tenn	Sept		0									No Physician
15	Addition to	Aug 23	1	✓	Co	groin	Physician	Moore	Oct	1									Moore
16	King Owen	23 # B.	1	✓	Co	groin	Physician	Moore	Oct	1									Moore
17	Adams	23 # B.	1	✓	Co	groin	Physician	Moore	Oct	1									Moore
18	Porter Robert	63 # B.	1	✓	(No. 100)	Blacksmith	Sept	mirand	Sept	1									

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 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.	
1	Typhoid Fever	Pneumonia	J. T. Smith	13	Whooping cough	Congestion	S. C. B. B. B.
2	Consumption		J. A. Moore	14	Dropsy		S. C. B. B. B.
3	Paralysis		J. A. Moore	15			
4				16			
5				17			
6				18			
7	Typhoid Pneumonia		J. A. Moore	19			
8	Typhoid Fever		J. A. Moore	20			
9	Dropsy		J. A. Moore	21			
10	Correctly stated		J. T. Smith	22			
11				23			
12				24			



Enumeration Dist: No.

Enumeration Dist: No.

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

case of Divorced persons, column 8, when the letter "D" is to be used.

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

1027

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in Dist No 11, in the County of Hayward, State of Calif. Sam H. Cox

Enumerator:

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, 1890, 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.

Town.	County.	State.
-------	---------	--------

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 jaw, dropsy of chest, dropsy of abdomen; inflammation of brain, inflammation of liver, tumor of neck, tumor of abdomen; ulcer of face, ulcer of groin, &c. Typhus, typhoid, and typho-malarial fevers should be carefully distinguished. Especial inquiry should be made for cases of "still-births," including infants born dead from whatever cause. As few deaths as possible should be reported under such general terms as disease of the throat, disease of the brain, disease of the liver, disease of the lungs, disease of the bowels, disease of the spine, &c. These should, as far as possible, be reported under special heads.

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

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

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

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

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

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

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

Number of the line upon which this case is reported.	CAUSE OF DEATH.		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.	
1	Schiffella	Schiffella	Gro. Hagerwood	13			
2	Painmonia	Painmonia	Gro. Hagerwood	14			
3				15			
4	Painmonia	Painmonia	Gro. Hagerwood	16			
5				17			
6				18			
7				19			
8				20			
9				21			
10				22			
11				23			
12				24			
				25			
				26			
				27			
				28			
				29			
				30			
				31			
				32			
				33			
				34			
				35			
				36			



Supervisor's Dist. No. 5

Enumeration Dist. No. 76

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 *C District No. 11*, in the County of *Haywood*, State of *Tennessee*, *Great Holston*

Enumerator.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
309	Whelan, Lee	5	Pa	B												
311	Marion Hays	22	F	B												
312	Marion John	1	M	E												
314	Buck, Annie	17	F	B												
314		8	F	B												
320	Larkin, Hartsell	78	M	B												
325	Applasin	50	M	B												
Additions to Haywood Co. from Supplemental Schedule																
1	Wilson Eddison	72	M	W	1											
	Walls Maggie	72	F	W	1											
	William Master	32	M	W	1											
	Fease Richard	18	M	B	1											
	Bond Louisa	38	F	B	1											
	Additions to Haywood Co. from Supplemental Schedule															
	RR. Manuel Cudde	19	F	B	1											

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.

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

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.

[illegible]

REMARKS.