Page No. / Supervisor's Dist: No. 7 Enumeration Dist: No. 6/

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in the First & Fifth Sists, in the County of Acres , State of Finnes , M. F. Fin Garron ,

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Note E.—Upon this Schedule should be CA. let. Every death which has cocurred in tig the Commus year, whether the deceases member of any family which resided June 2d. Every death which has cocurred out trict during the Consus year, the deceasementer of a family which resided June district.	his enumeration di d was or was not, a 1, 1880, in the distr side of this enumer ed being at date o 1, 1880, in the en	strict durit death, a fict auton dis- if death a uneration if death a uneration 3// Long.	Place where the family of the	secured in this enumeration did, resided June 1, 1880, out of the secure	this enumeration district, Number of the line upon which the case is reported above. To the control of the control of the case is reported above.	as follows: Place where the scath	
The enumerator should make these entry great care, seeking every source of infestatement is impossible, as when an age birth-place must be conjectured, the entry see, thus: Age (25), meaning that the best be given in 25, years.	can only be estim may be inclosed in	a positive ated, or a parenthe-	5 ,			23,	

REMARKS. I have consulted get the physicians on list whom I could find and they Vs statement is about the bl. on lim 4 Dated June 26 7880,

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, typhold, 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 diarrhoa, acute and chronic rheumatism. Report cerebro-spinal

meningitis as cerebro-spinal fever. Do not report as the cause of death old apport intemperance, or debility, or paratysis of the heart, or studden death, in any case where it is possible to name any definite disease. In reporting suicide name the means, whether cutting of throat, language, drowning, shooting, poisoning by opining 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 diolence 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 doen 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.

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

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Note A.—The Census Year begins June 1, 1879, and ends May 31, 1880. Note B.—In making entries in columns 0, 7, and 8, an affirmative mark only will be used, thus /, except in the

Note O.—For instructions relative to the entries in column 14, see back of this Schedul Note D.—In column 17, note distinctly if no Physician was in attendance, thus (None.) 1096

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in 24 34 4 birt District, in the County of

	Jane	ce	, State	of Jes	messic		£.	L. Facto		numerator.	
este dina	Personal Description. Description. Personal Description. Personal Description. Personal Description. Personal Description. Personal Description.	What was the civil condition of the per- son who died?		NATIVITY.		Profession, Occupation or Trade.	The month	5	t of the county;	of the disease was not con-	
Name of the person deceased.	Age at last birthday. In give months in fractions under I month, give da, thus—fit. Sex—Mint (M). Formale (F). Formale (F).	Single // Married // Widowed // Divorce	Place of birth of th person, naming the State or Territory the U.S., or the con- try, if of foreign birth	is Where was the Futher of this of person-born? (As in column b. 9.)	Where was the Mother of this person born? (As in column 9.)	(Not to be taked in respect to persons under 10 years of age.)	The month in which the person died.	Disease of gause of d	How Jong a residen If less than 1 year, fractions, thus - A.	tracted at place of death, state the place.	Name of attending Physician.
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Note A.—The Census Year begins June 1, 1879, and ends May 31, 1880.

Note B.—In making entries in columns 6, W. and 3, 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.

1097

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in The 1844 Line during the County of Janua , State of Lineau , 96 36 312 21 26

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

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