

Enumeration Dist: No

[7-222.]

Received July 19 1880

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, in column 8, when the letter "D" is to be used.

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

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

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in *Civil District No 2*, in the County of *Henderson*, State of *Tennessee*. *A. J. Felt*

Enumerator.

[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 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

Place where the family of the deceased resided June 1, 1880.

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	Place where the death occurred
--	--------------------------------

is reported above.	Town.	County.
10	District	St. Louis
11	District	St. Louis
21	District	St. Louis
25	District	St. Louis
29	District	St. Louis
36	District	St. Louis

REMARKS

I submitted this Schedule to most of the Physicians named
above but was unable to get any further information than herein
shown to
June 30. 1880
H. J. Felt

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 case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule upon which case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule upon which case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1				13				25			
2				14	Disease of Heart, Dropsy, & Lung			26			
3				15				27			
4				16				28			
5				17				29			
6				18				30			
7				19				31			
8				20				32			
9				21				33			
10				22				34			
11				23				35			
				24				36			

Conith, M. A. J. A. Lachy

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:

number of the

line upon which the case

Place where the death occurred.

Reporter above.	Town.	County.	Sta.
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is reported above.	Town.	County.	State.

Heath No. 17 & 18 on Sandy No. 113. Occurred in a family burrow near Hatchie river bottom, and is now seriously infested
of *Malanous Oragius* as the woody cores in the family at one time. The burrow was badly constructed and
offered but little protection from the insects. The water supply was from an open well, situated in the home
lot, and was full of water. All of the cases occurred within 3 days from the 1st invasion. The mice had
not been used since, and there has not occurred another case of sickness in the family.
Heath No 198 occurred near the same place and a family of 10 all suffered more or less from
Malanous poisoning. Note tendency to Pneumonia. Pulmonary Consumption is on the increase.

INSTRUCTIONS.

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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.

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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.	
21				13				26			
22				14				27			
173				15				28			
174				16				29			
175				17				30			
176				18				31			
177				19				32			
279	Heart disease		Conington J. R. Evans	20				33			
89	Malaria		Conington J. R. Evans	21				34			
73	Pneumonia		Conington J. R. Evans	22				35			
10				23				36			
11				24				37			
12								38			

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 $\frac{1}{2}$, 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 a Physician was in attendance.

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 4th 10th Civil Dist., in the County of

Landsdale

, State of *Tampere*

enumerated by me in 4th 10th
W. F. Wright

Enumerator.

Name of the person deceased.		Age at last birthday, or under 1 year, give months in fraction; those 1 year and over, give years and months in fraction.	Sex	Color	Single	Married	Widowed	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, give the country.	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.	Duration 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.		
1	Richard Christian	(35) M	W	1	Germany	Ger							Butcher	Nov	Consumption	6	Memphis	None
2	Robert J. Joe	52	M	B	1	Tennessee	Mississippi	Tennessee					Saw	Nov	4			
3	Harold Wiley	65	M	B	1	Tennessee		Tennessee					Farmer	Aug	Congestive Chills	4	Dr. J. H. Allen	
4	William A. J.	54	M	W	1	Mississippi							Farmer	Aug	Congestive Chills	5	Dr. J. H. Allen	
5	McKinney	43	F	W	1	Tennessee							Kepping house	Jan	Valcular Disease Heart		Dr. J. H. Allen	
6	William J. Allen	10	M	W	1	Tennessee							Farmer	Oct	Valcular Disease Heart	10	Dr. J. H. Allen	
7	Lea Albert	1	M	W	1	Tennessee	Tenn	Mo					Feb	Valcular Disease Heart	1	Tennessee	J. H. Allen	
8	Samuel Milton	(41) M	W	1	Tennessee	Miss	Tenn						May	Malignant Congestion		Tennessee	J. H. Allen	
9	Parks Susan	24	F	W	1	Tennessee	S. C.	S. C.					July	Malignant Congestion		Tenn	J. H. Allen	
10	Samuel R. Williams	(45) F	W	1	Tennessee								Kepping house	May	Pneumonia		Tenn	J. H. Allen
11	Leaton Lizzie	(60) F	W	1	Tennessee								Kepping house	Jan	Cath. Dropsy	6	Tenn	J. H. Allen
12	Williams J. D.	1	M	B	1	Tennessee	Ala	Ky					June	Worms	1	Tenn		
13	Williams —	30	F	B	1	Tennessee	Ala	Ky					June	Worms	30		J. H. Allen	
14	Williams —	38	M	B	1	Tennessee	Ala	Tenn					June	Worms	—		J. H. Allen	
15	Wagner Thomas	32	M	W	1	Tennessee	Ga	Tenn					Dec	Whooping cough	7			
16	Waller Anilla	12	F	W	1	Mississippi	Ark	Ga					Aug	Flu	30	Miss	C. R. Taylor	
17	Waller Jennie	1	M	B	1	Tennessee	Ga	Ala					Dec	Burnt to death			C. R. Taylor	
18	Scott Rosanna	4	F	B	1	Tennessee	Ala	Ala					Feb	Flu	41			
19	Waller Lizzie	55	F	B	1	Georgia	Ga	Ga					Oct	Congestive Heart	8	Tenn	C. R. Taylor	
20	Waller Francis	7	F	B	1	Tennessee	Ga	Ga					Oct	Congestive Heart	7		C. R. Taylor	
21	Waller —	30	F	B	1	Tennessee	Ala	Ala					May	Lock jaw			C. R. Taylor	
22	Walker Albert	50	M	W	1	Tennessee	N.C.	Tenn					Oct	Lock jaw			C. R. Taylor	
23	Waltchorn M. J.	32	M	W	1	Tennessee	Tenn	Tenn				Farmer	Nov	Lock jaw	32		C. R. Taylor	
24	Waller R. L.	85	M	B	1	Tennessee						Farmer	Feb	Drop of Heart	25		C. R. Taylor	
25	Waller E. J.	15	F	W	1	Tennessee	Tenn	Tenn					Feb	Lock jaw				
26	Waller Mary	2	F	B	1	Tennessee	Ala	Tenn					Feb	Lock jaw			C. R. Taylor	
27	Waller R. L.	7	M	W	1	Tennessee	Ala	Tenn					July	Inflammation of Heart	4		C. R. Taylor	
28	Waller R. L.	52	F	W	1	Virginia	Ala	Ala				At Home	Aug	Congestive Chills	7		C. R. Taylor	
29	Waller J. M.	(40) M	W	1	Tennessee	T.						Farmer	Oct	Suicide. Shot with pistol				
30	Waller Susan	30	M	B	1	Tennessee						Farmer	Oct	Heart disease	2			
31	Waller Mary	7	F	W	1	Tennessee	N.C.	N.C.					Nov	Corrosive			C. R. Taylor	
32	Waller —	30	F	B	1	Tennessee							Nov	Corrosive			C. R. Taylor	
33	Waller —	30	F	B	1	Tennessee							Nov	Corrosive			C. R. Taylor	
34	Waller Mary	41	F	W	1	Georgia	Ala	Ga				R. J.	July	Pneumonia	1		C. R. Taylor	
35	Waller —	30	F	W	1	Tennessee	Tenn	Tenn				R. J.	July	Pneumonia	1		C. R. Taylor	
36	Waller —	78	M	W	1	Georgia	N.C.	N.C.				Farmer	Dec	Pneumonia	35		H. H. Coates	

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.

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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

Place where the family of the deceased resided June 1, 1880.

Town. County. State.

Number of the line upon which the case is reported

Place where the death occurred

County	State
--------	-------

1. Memphis Shelby Tenn
St Louis

REMARKS.

Allen has seen the list & says that I have most or all of them, stated correctly.
W. Forsythe

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.

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Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1				13				25			
2				14				26			
3				15				27			
4				16	Correctly stated		C. J. Taylor	28			
5				17	"		C. J. Taylor	29			
6				18				30			
7				19	Correct			31			
8				20	Gen. of malaria		C. J. Taylor	32	Correct		C. J. Taylor
9				21	Correct		C. J. Taylor	33			
10				22			C. J. Taylor	34			
11				23			C. J. Taylor	35	Correct		C. J. Taylor
12				24			C. J. Taylor	36			

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	Primary.	Immediate.		Primary.	Immediate.		Primary.	Immediate.
1			13			25		
2			14			26		
3			15			27		
4			16			28		
5	<i>Consumption Croft, C. W. Martin</i>		17			29		
6			18			30		
7			19			31		
8			20			32		
9			21			33		
10			22			34		
11	<i>correct</i>	<i>discharge</i>	23			35		
12			24			36		

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 District 9, in the County of Landonale, State of Tennessee, A J Meadows, Enumerator.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
Name of the person deceased.	Personal Description.	Age at last birthday.	Sex.	Color.	Single.	Married.	Divorced.	Place of birth of this person, naming the State or Territory of the U. S., or the country, if of foreign birth.	Where was the Father of this person born? As in column 9.	Where was the Mother of this person born? As in column 10.	Profession, Occupation or Trade.	The month in which the person died.	Disease or cause of death.	How long a resident of this enumeration district, naming the month.	If the disease was not noted, state place of death, state the place.	Name of attending Physician.
107 Mitchell Eugene	W	40	M	W	1			Tenn	Mo	Tenn	May Hand Labor					H. Sanchel
108 Hughes Rachel	W	20	F	W	1			Tenn	Mo	Tenn	Sept Comas. of Brain	25				H. Sanchel
130 Watkins John W.	W	2	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Brain	1				J. K. Adams
131 Caspfield John	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	100				J. K. Adams
132 Smith Allan	W	74	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
133 Caspfield Martha	W	15	F	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
134 Harris	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
136 Marion William	W	1/2	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
143 Miller John	W	3	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
144	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
145	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
146	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
147	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
148	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
149	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
150	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
151	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
152	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
153	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
154	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
155	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
156	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
157	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
158	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
159	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
160	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
161	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
162	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
163	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
164	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
165	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
166	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
167	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
168	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
169	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
170	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
171	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
172	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
173	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
174	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
175	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
176	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
177	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
178	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
179	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
180	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
181	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
182	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
183	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
184	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
185	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
186	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
187	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
188	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
189	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
190	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
191	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
192	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
193	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
194	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
195	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
196	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
197	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
198	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
199	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson
200	W	40	M	W	1			Tenn	Mo	Tenn	Sept Comas. of Stomach	3				Rich Richardson

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

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

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

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

Of the deaths reported above, the following occurred within 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 fatality of the deceased resided June 1, 1880.

Town. County. State.

107 9th Dist Landonale 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:

Number of the line upon which the case is reported above.

Place where the death occurred.

Town. County. State.

2. 9th Dist Landonale Tenn

REMARKS:

There is not a Physician in the 9th Civil Dist. and it would take me two or three days to see those who practiced in that section, hence I give such information as I could gather from the citizens.

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

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A. J. Meadows

The greater part of the population of this District is transient, as one doctor has informed me. The information pertinent to this Schedule is necessarily limited. Syphilis has the prevailing disease here during the course year. Dr. H. Sanchez is the only resident physician in my District, but he has been very kind and valuable to me.

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 of 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	Unknown	DO	H. S. Squire	13			
2	Typhoid fever	DO	H. S. Squire	14			
3	Difficult labor	Septicemia	H. S. Squire	15			
4				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			
				37			

52

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

Sandisdale, State of

Wm. J. Jackson

Enumerator.

[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.

Of the deaths reported above, the following occurred out of the 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 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 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	Normo	Coronary S.M. Burdick		13	No Physician		
2	Correctly Stated	S.M. Burdick		14	Correctly Stated	S.M. Burdick	
3	"	" S.M. Burdick		15	Correctly Stated	B.F. Lackey	
4	"	" S.M. Burdick		16	Correctly Stated	B.F. Lackey	
5	Apoplexy	Opium S.M. Burdick		17	Correctly Stated	B.F. Lackey	
6		No Physician		18			
7		"		19	Correctly Stated	S.M. Burdick	
8	Correctly Stated	S.M. Burdick		20	"	S.M. Burdick	
9	"	" S.M. Burdick		21	Correctly Stated	B.F. Lackey	
10	"	" S.M. Burdick		22	Correctly Stated	B.F. Lackey	
11	"	" S.M. Burdick		23			
12	Could not see the M.D.			24			
25				25	Could not see the M.D.		
26	"	"		26	"	"	
27	Correctly Stated	B.F. Lackey		27	Correctly Stated	B.F. Lackey	
28	Correctly Stated	B.F. Lackey		28	Correctly Stated	B.F. Lackey	
29				29			
30	Correctly Stated	B.F. Lackey		30	Correctly Stated	B.F. Lackey	
31		No Physician		31			
32				32			
33				33			
34				34			
35				35			
36				36			

Page No. 1

Supervisor's Dist. No. 5

Enumeration Dist. No. 84

[7-225]

Received August 5 1880

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 7th & 2nd, in the County of Sanderdale, State of Minnesota.

Name of the person deceased.	Personal Description.	What was the civil condition of the person who died?	NATIVITY.	Profession, Occupation, or Trade.	The month in which the person died.	Disease or cause of death.	If the disease was not immediately fatal, state the place.	Name of attending Physician.
1. <u>Tatum William</u>	3 M 13		Tenn Tenn Tenn		Sept	Constitution		
2. <u>Gouss Francis</u>	28 F 13	/	Tenn Va Tenn	Cook	Sept	Constitution	0	
3. <u>Griffith James</u>	37 F 14	/	Tenn Ky Tenn	Keeping House	May	Constitution	0	
4. <u>Curran James</u>	34 F 14	/	Ala Tenn Tenn	Keeping House	March	Constitution	0	
5. <u>Gancey Leticia</u>	21 F 14	/	Tenn Tenn Tenn	Keeping House	August	Constitution	0	
6. <u>Columbus</u>	3 M 14	/	Tenn Tenn Tenn		Nov	Constitution	0	
7. <u>Coles Susan</u>	7 F 13	/	Tenn Tenn Tenn		Oct	Constitution	0	
8. <u>Barry Infant</u>	1/2 F 13	/	Tenn Tenn Tenn		Sept	Inflammation of brain	0	
9. <u>Wortham George</u>	4 M 13	/	Tenn Tenn Tenn		Sept	Accidentally burned	0	
10. <u>Lawson Daniel</u>	2 M 13	/	Tenn Tenn Tenn		Jan	Constitution	0	
11. <u>Moore Jacob</u>	28 M 14	/	Tenn Tenn Tenn	Labourer	Sept	Constitution	0	
12. <u>Bick William</u>	18 M 14	/	Tenn Tenn Tenn	Work on farm	March	Constitution	0	
13. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
14. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
15. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
16. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
17. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
18. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
19. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
20. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
21. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
22. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
23. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
24. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
25. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
26. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
27. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
28. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
29. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
30. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
31. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
32. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
33. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
34. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
35. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	
36. <u>Wright Edmund</u>	84 M 14	/	Va Va Va	Occupation	May	Heart disease	0	

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

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

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

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

Town.	County.	State.
Columbus	Ky	
Chestnut Bluff	Crockett	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:

Town.	County.	State.
Dyer	Tenn	
Crockett	Tenn	

REMARKS.

I certify that the above returns have been duly and truthfully made in accordance with law and my oath of Office.

June 25th 1880

J. F. Young, Enumerator

INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

Number of the line on 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				13	Correctly stated	W. T. Stanley	
2				14			
3	Correctly stated		W. T. Stanley	15			
4	Correctly stated		W. T. Stanley	16			
5	Correctly stated		W. T. Stanley	17	Conjestion of lungs	W. T. Stanley	
6	Insanition		W. T. Stanley	18	Red Swellings of the feet	W. T. Stanley	
7	Insanition		W. T. Stanley	19	Insanition	W. T. Stanley	
8	Insanition		W. T. Stanley	20	Correctly stated	W. T. Stanley	
9	Insanition		W. T. Stanley	21	Correctly stated	W. T. Stanley	
10	Correctly stated		W. T. Stanley	22			
11	Correctly stated		W. T. Stanley	23	Not seen by me	W. T. Stanley	
12	Correctly stated		W. T. Stanley	24	Correctly stated	W. T. Stanley	

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 12 Civ Dist, in the County of

Saunderdale, State of Minnesota

54

J. F. Young, Enumerator.

Engrator.																
Name of the person deceased.																
Age at last birthday, or date of birth, if known.																
Sex - Male (M), Female (F).																
Color - White (W), Black (B), Chinese (C), Indian (I).																
Single (S), Married (M), Divorced (D).																
Place of birth of this person, naming the State or Territory of the U. S., or the country, if of foreign birth.																
Where was the Father of this person born? (As in column 9.)																
Where was the Mother of this person born? (As in column 9.)																
Profession, Occupation or Trade.																
Not to be asked in respect to persons under 10 years of age.																
The month in which the person died.																
Disease or cause of death.																
How long a resident of the county? (If less than 1 year, state months in fraction, thus 1-2.)																
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.
201	Battle Louis	70	M	W	/			Mo.	Mo.	Mo.	Farmer	April	Bronchitis	30		Dr. Lewis
202	Green William C	12	M	W	/			Teen.	Teen.	Teen.		Sept.	Whooping Cough	0		Dr. Adams
203	Boyd Ida L	12	F	W	/			Teen.	Teen.	Teen.		Oct.	Whooping Cough	0		Dr. Adams
208	Perkins	2	F	W	/			Teen.	Teen.	Teen.			Convulsion of Brain	0		Dr. Adams
205	Smith Caroline	20	F	W	/			Teen.	Teen.	Mo.	Keeping House	March	Congestion of Brain	0		Dr. Adams
206	W. Elgy	38	M	W	/			Teen.	Teen.	Teen.	Farmer	March	Congestion of Brain	0		Dr. Adams
207	McLean	1	F	W	/			Teen.	Teen.	Teen.		March	Croup	0		Dr. J. K. Adams
208	Harrison Mary C	22	F	W	/			Teen.	Teen.	Teen.	Keeping House	May	Pneumonia	0		Dr. Roberts
212	Torture Clara	2	F	W	/			Teen.	Teen.	Teen.		April	Fever	0		Dr. J. Smith
215	Bradford Babi	1	M	W	/			Teen.	Teen.	Teen.		Feb.	"	0		Dr. J. Smith
240	Black Lata	1	F	W	/			Teen.	Teen.	Mo.		Sept.	"	0		Dr. J. Smith
241	Reynolds Rudin	60	F	W	/			Teen.	Teen.	Teen.	Keeping House	May	Croup	0		Dr. J. A. Leakey
252	Dunlap Laura	12	F	W	/			Teen.	Teen.	Ky		June	Bronchitis	0		Dr. J. Smith
257	Smith Ann P	52	F	W	/			Teen.	Teen.	Teen.	Keeping House	Dec.	Bronchitis	0		Dr. J. Smith
272	Patterson Ties	67	M	W	/			Teen.	Teen.	Teen.		Oct.	Cholera Morbus	0		Dr. Physician
276														0		
284	Coffman Martha	53	M	W	/			Teen.	Teen.	Teen.		Aug.	Congestion	0		Dr. J. Smith
279	White Frances	90	F	W	/			Mo.	Mo.	Mo.	At Home	Feb.	Old age	0		Dr. Physician
283	William	12	M	W	/			Teen.				Sept.	Congestion of Stomach	0		Dr. J. Smith
284	Flaki Mary	42	F	W	/			Teen.	Teen.	Teen.	At Home	Aug.	Pneumonia	0		Dr. J. Smith
294	Blackman	23	M	W	/			Mo.	Mo.	Mo.	Farmer	March	Bronchitis	0		Dr. Adams
298	With William	15														

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

I certify that the above returns have been duly and truthfully made in accordance with law and my oath of office.

June 25th 1880

J. F. Young

Enumerator.

REMARKS.

No. 19, reported to me by Dr. Smith, but I was not able to find the family of this party, and think the Doctor must have been mistaken as to the district in which the party died.

No. 8. Have not been able to meet with the attending Physician Dr. Roberts. He lives 16 miles from me.

No. 11. The attending Physician of this party lives in another county.

No. 12. Have not been able to see attending Physician who lives 16 miles from me.

No. 21. Have not been able to see attending Physician who lives in another county.

No. 2. Reported to me by attending Physician Dr. Adams, but I did not find the family to which this party belongs, and think the Doctor mistaken as to the district in which the party died.

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, he is desired that he restate the cause of death in the numbered space in accordance with his own views, signing each entry.

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

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

Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH		SIGNATURE OF THE ATTENDING PHYSICIAN	Number of the line on which this case is reported.	CAUSE OF DEATH		SIGNATURE OF THE ATTENDING PHYSICIAN	Number of the line on which this case is reported.	CAUSE OF DEATH		SIGNATURE OF THE ATTENDING PHYSICIAN
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1				13	Cancreum of		J. I. Smith	25			
2	Correctly stated		J. K. Adams	14	"		J. I. Smith	26			
3	Correctly stated		J. K. Adams	15				27			
4	Correctly stated		J. K. Adams	16	Correctly stated		J. I. Smith	28			
5	Correctly stated		J. K. Adams	17	"		J. I. Smith	29			
6	Correctly stated		J. K. Adams	18				30			
7	Correctly stated		J. K. Adams	19	Correctly stated		J. I. Smith	31			
8				20	"		J. I. Smith	32			
9	Correctly stated		J. I. Smith	21				33			
10	"		J. I. Smith	22				34			
11				23				35			
12				24				36			

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

Note B.—In making entries in columns 6, 7, and 8, an affirmative mark only will be used, thus /, except in 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 *5 Civil District*, in the County of *Candor*, State of *Delaware*.

Enumerator.

Enumerators.																	
Name of the person deceased.		Personal Description.		What was the civil condition of the person who died?		NATIVITY.		Profession, Occupation or Trade.		The month in which the person died.		Disease or cause of death.		If the disease was not contracted at place of death, state the place.		Name of attending Physician.	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	
1	Young, Miles	16	M	B	1			Germany	Prussia	Germany	April	Spasms	0	16	-	None	
45	Child, Maggie	1	F	W				American	Pa.	Pa.	April	Inflammation of Brain	0	-	-	Dr. J. J. Smith, D.D.	
25	Child, Willie	1	F	W				American	Pa.	Pa.	Aug.	Cholera	0	-	-	Dr. J. J. Smith, D.D.	
16	Child, Charles H.	38	M	W				American	Pa.	Pa.	July	Consumption	0	38	-	Dr. J. J. Smith, D.D.	
70	Child, Mary	70	F	W				American	Pa.	Pa.	June	Bright's Indry	0	7	-	Dr. J. J. Smith, D.D.	
42	Child, Charles	42	M	W				American	Pa.	Pa.	Aug.	Consumption	0	20	-	Dr. J. J. Smith, D.D.	
40	Child, Lydia	3	F	W				American	Pa.	Pa.	May	Scalds	0	3	-	Dr. J. J. Smith, D.D.	
97	Child, Mary	13	F	W				American	Pa.	Pa.	Apr.	Scalds	0	13	-	Dr. J. J. Smith, D.D.	
94	Child, Mary	3	F	W				American	Pa.	Pa.	Apr.	Scalds	0	3	-	Dr. J. J. Smith, D.D.	
10	Child, Mary	12	F	W				American	Pa.	Pa.	Apr.	Scalds	0	12	-	Dr. J. J. Smith, D.D.	
10	Child, Mary	12	F	W				American	Pa.	Pa.	Apr.	Scalds	0	12	-	Dr. J. J. Smith, D.D.	
124	Child, Mary	65	F	W				American	Pa.	Pa.	Apr.	Scalds	0	65	-	Dr. J. J. Smith, D.D.	
67	Child, Mary	29	F	W				American	Pa.	Pa.	Apr.	Scalds	0	29	-	Dr. J. J. Smith, D.D.	
10	Child, Mary	29	F	W				American	Pa.	Pa.	Apr.	Scalds	0	29	-	Dr. J. J. Smith, D.D.	
10	Child, Mary	29	F	W				American	Pa.	Pa.	Apr.	Scalds	0	29	-	Dr. J. J. Smith, D.D.	
257	Child, Mary	25	F	W				American	Pa.	Pa.	Apr.	Scalds	0	25	-	Dr. J. J. Smith, D.D.	
257	Child, Mary	25	F	W				American	Pa.	Pa.	Apr.	Scalds	0	25	-	Dr. J. J. Smith, D.D.	
16	Child, Mary	16	F	W				American	Pa.	Pa.	Apr.	Scalds	0	16	-	Dr. J. J. Smith, D.D.	
Additions to Vanderdale Co. from Physicians Reports.																	
Child, Mary	30	F	W		1			American	Pa.	Pa.	Apr.	Scalds	0	30	-	Dr. J. J. Smith, D.D.	
Child, Mary	21	F	W		1			American	Pa.	Pa.	Apr.	Scalds	0	21	-	Dr. J. J. Smith, D.D.	
Child, Mary	1	F	W		1			American	Pa.	Pa.	Apr.	Scalds	0	1	-	Dr. J. J. Smith, D.D.	
Child, Mary	5	F	W		1			American	Pa.	Pa.	Apr.	Scalds	0	5	-	Dr. J. J. Smith, D.D.	
Child, Mary	54	F	W		1			American	Pa.	Pa.	Apr.	Scalds	0	54	-	Dr. J. J. Smith, D.D.	
Child, Mary	36	F	W		1			American	Pa.	Pa.	Apr.	Scalds	0	36	-	Dr. J. J. Smith, D.D.	
Child, Mary	4	F	W		1			American	Pa.	Pa.	Apr.	Scalds	0	4	-	Dr. J. J. Smith, D.D.	

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:

I have seen a perhaps the attending Physicians
 that I have reported the cases.
 Correct in regard to diseases &c
 the other Physicians not correct to be
 James D. Hubbard.
 Enumerator.

Supervisor's Dist. No. *4*Enumeration Dist. No. *104*

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

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 the time of death.	Sex.	Color.	Single.	Married.	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 an alien.	Where was the father of this person born?	Where was the mother of this person born?	Profession, Occupation or Trade.	The month in which the person died.	15.	16.	17.	18.	19.
<i>1. Jones, William D.</i>	<i>45</i>	<i>M</i>	<i>W</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Farmer</i>	<i>June</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>
<i>2. Johnson, Elizabeth</i>	<i>29</i>	<i>F</i>	<i>W</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Housewife</i>	<i>June</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>
<i>3. Gray, John C.</i>	<i>24</i>	<i>M</i>	<i>W</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Farmer</i>	<i>June</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>
<i>4. Davidson, John</i>	<i>44</i>	<i>M</i>	<i>W</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Farmer</i>	<i>June</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>
<i>5. Public, James</i>	<i>1</i>	<i>M</i>	<i>W</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Farmer</i>	<i>June</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>
<i>6. Brown, Richard</i>	<i>63</i>	<i>M</i>	<i>W</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Farmer</i>	<i>June</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>
<i>7. " " "</i>	<i>33</i>	<i>M</i>	<i>W</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Farmer</i>	<i>June</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>
<i>8. Blackwell, Mary</i>	<i>1</i>	<i>F</i>	<i>W</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Farmer</i>	<i>June</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>
<i>9. Fisher, Benjamin</i>	<i>14</i>	<i>M</i>	<i>W</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Farmer</i>	<i>June</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>
<i>10. Davidson, Elizabeth</i>	<i>4</i>	<i>F</i>	<i>W</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Farmer</i>	<i>June</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>
<i>11. Howard, Charles</i>	<i>27</i>	<i>M</i>	<i>W</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Farmer</i>	<i>June</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>
<i>12. Surbin, Andrew</i>	<i>4</i>	<i>M</i>	<i>W</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Tennessee</i>	<i>Farmer</i>	<i>June</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>	<i>1880</i>
<i>The above is a true and correct copy of the original as filed in the office of the Registrar of the County of Lawrence, Tennessee, on the 1st day of June, 1880.</i>																

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:

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.
<i>Lawrence</i>	<i>Tennessee</i>	<i>Tennessee</i>
<i>Lawrence</i>	<i>Tennessee</i>	<i>Tennessee</i>

REMARKS.

In Cross lives in Lawrence County, Ala. & I could not see him or Mr. Herbert & Wiley H. Edwards of Lawrence Springs, Ala. I have not been able to see since finishing my enumeration list July 6, 1880.

INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

Number of the line on Schedule upon which this case is reported.	CAUSE OF DEATH		SIGNATURE OF THE ATTENDING PHYSICIAN	Number of the line on Schedule upon which this case is reported.	CAUSE OF DEATH		SIGNATURE OF THE ATTENDING PHYSICIAN
	Primary.	Immediate.			Primary.	Immediate.	
1	Chloroform	1886		13			
2	Paralysis	1886		14			
3	Typhoid	1886		15			
4				16			
5				17			
6	Paralysis	1886		18			
7	Correct	1886		19			
8	Correct	1886		20			
9				21			
10				22			
11				23			
12				24			
				25			
				26			
				27			
				28			
				29			
				30			
				31			
				32			
				33			
				34			
				35			
				36			