

Page No. 1

Supervisor's Dist: No. 4  
Enumeration Dist: No. 113

[7-222.]

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

Note B.—In making entries in columns 3, 7, and 8, an affirmative mark only will be used, thus /, except in the case of Divorced persons, column 8, when the letter "D" is to be used.

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

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

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in Lewis &amp; Clark in the County of Lewis, State of Tennessee, S. D. Weatherly, Enumerator.

Number of the sheet in order of enumeration		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.		Place where the disease was first contracted, 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.	Nance Thomas	93 M W	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
2.	Leigh Amer. M.	48 M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
3.	Bocher Eames	9 M B	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
4.	Brooks Samuel	1 M B	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
5.	Barnes Elizabeth	75 F B	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
6.	Baker Horace	2 M F	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
7.	Barren Archable	75 M W	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
8.	Fain Charles	74 M W	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
9.	Edman Sider	28 M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
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Note E.—Upon this Schedule should be CAREFULLY RETURNED.

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

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

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

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

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

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

Town. County. State.

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

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

Place where the death occurred.

Town. County. State.

REMARKS.

Page No. One  
 Supervisor's Dist. No. 4  
 Enumeration Dist. No. 115

[7-222]

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

SCHEDULE 5.—Persons who DIED during the Year ending May-31, 1880, enumerated by me in Districts 677, in the County of Lewis, State of Tenn, John M. Amers Enumerator.

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. Sex—Male (M), Female (F); Age—In years and months, if under 1 year, give month; if under 1 month, give day; if under 1 week, give day and month. Color—White (W), Black (B), Indian (I), Chinese (C), Japanese (J), Other (O).	What was the civil condition of the person who died? Single, Married, Divorced, Widowed.	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 it was before death, if known, state in fractions thus: 1/2, 3/4, etc.	If the disease was not contracted at the place of death, state the place.	Name of attending Physician.					
Flores J B	1 M W	/	Tenn	Tenn	Tenn		Mar	Brain Fever	1		Evans Dr					
Matt Mary I	7 F W	/	Tenn	Tenn	Tenn		May	Brain Fever	7		Halley John Dr					
Cartor Thomas	3 M W	/	Tenn	Tenn	Tenn		Oct	Diphtheria	3		Halley John Dr					
Grimes J M	20 M W	/	Tenn	N C	N C	Farmer	Dec	Typhoid Fever	20		Sankford Dr					
Dean Jas H	72 M W	/	Tenn	Tenn	Tenn		Oct	Cholera Infantum	9		Sankford & Plumer					
Grimes A bot	17 M W	/	Tenn	Tenn	Tenn	Farming	Mar	Typhoid Fever	1		Dawson & Sankford					
Baker Emely	22 F W	/	Tenn	Tenn	Tenn	Keeping House	May	Consumption	22		Esque & Plumer					
Brown Martha	18 F W	/	Tenn	Tenn	Tenn	Keeping House	May	In child birth	18		Plumer & Hensley					
Carroll King	14 M B	/	Tenn	Tenn	Tenn		May	Consumption	12		Plumer					
Clayton Dona	15 F B	/	Tenn	Tenn	Tenn	J	Jan	Typhoid Fever	15		Sankford					
Lewis Phrona	20 F B	/	Tenn	Tenn	Tenn	Keeping House	April	Consumption	20	Hickman	Plumer & Hensley					
Campbell	72 F W	/	Tenn	Tenn	Tenn		May	Fits	12							
Dabbs	72 F W	/	Tenn	Tenn	Tenn		Mar	Strangled	12							
Clayton Margaret	30 F W	/	Tenn	Tenn	Tenn	Keeping House	June	Conjunctive Chills	30		Hensley Crook					
Clayton Peggy	69 F W	/	Tenn	Tenn	Tenn	Keeping House	April	Dropsy	20		Hensley & Plumer					

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. 1  
 Place where the family of the deceased resided June 1, 1880.  
 Town, Seas County, Tenn State, 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. 1  
 Place where the death occurred.  
 Town, Seas County, Tenn State, Tenn

REMARKS.

All of the Deaths reported above occur in the Enumeration District & all the families resided in the Enumeration District. One death occurred (an infant) on day of enumeration not reported. One on 18th day of June not reported; a young man 22 years of age & disease Pulmonary nature, he was a resident of district & all his life. Drs. Halley and Evans were attending physicians. There was only three persons sick in both (677) districts during enumeration, neither of them dangerous, I have never traveled over so extensive a territory and found the people in such good health. Our people generally an illiterate, but healthy & honest, and have good facilities in the way of practical or extra good physicians.

## INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

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

*I have requested the Physicians to turn over their records to me that I may forward to department, but they had not completed their records - and report they will do so - at an early day - when done I will send forward - all I have seen says my reports are very correct.*

*J. M. Bennett*  
Commissioner



Supervisor's Dist: No. 4

Enumeration Dist: No. 170

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

Note B.—In making entries in columns 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 Lucas in the County of Lucas, State of Ohio. James M. Lockwood Enumerator.

1.	2.	3. Personal Description.			4. What was the civil condition of the person who died?			5. NATIVITY.			12.	13.	14.	15.	16.	17.
		Age last birthday, if under 1 year, number of months and days in fraction.	Sex—Male (M) Female (F).	Color—White (W), Black (B), Indian (I), Chinese (C), Japanese (J), Other (O).	Single (S), Married (M), Divorced (D), Widowed (W).	Place of birth of this person, naming the State or Territory of the U. S., or the country, if of foreign birth.	Where was the Father of this person born? (As in column 9.)	Where was the Mother of this person born? (As in column 10.)	Profession, Occupation or Trade.	Not to be asked in respect to persons under 10 years of age.						
1	Sheldon Mary A.	6	F	W	Married	Ireland	Ireland	Ireland	Seamstress			Sept 1879				
2	Pollock Sally	1	F	W	Single	Ireland	Ireland	Ireland	Widow			Sept 1879				
3	St. John Samuel H.	23	M	W	Married	Ireland	Ireland	Ireland	Farmer			Sept 1879				
4	St. John Mary	44	F	W	Married	Ireland	Ireland	Ireland	Widow			Sept 1879				
5	St. John infant	30	M	W	Married	Ireland	Ireland	Ireland	Farmer			Sept 1879				
6	St. John infant	30	M	W	Married	Ireland	Ireland	Ireland	Farmer			Sept 1879				
7	St. John James	44	M	W	Married	Ireland	Ireland	Ireland	Farmer			Sept 1879				
8	St. John Byron	8	M	W	Married	Ireland	Ireland	Ireland	Farmer			Sept 1879				
9	St. John George	7	M	W	Married	Ireland	Ireland	Ireland	Farmer			Sept 1879				
10	St. John Robert	4	M	W	Married	Ireland	Ireland	Ireland	Farmer			Sept 1879				
11	St. John Lucy	1	F	W	Married	Ireland	Ireland	Ireland	Farmer			Sept 1879				
12	St. John infant	6	M	W	Married	Ireland	Ireland	Ireland	Farmer			Sept 1879				
13	St. John infant	4	M	W	Married	Ireland	Ireland	Ireland	Farmer			Sept 1879				

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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.

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

## REMARKS:

C. A. Camm-Sch

See there is some discrepancy in the number of deaths reported on this Schedule and have ordered an inquiry. Under the name of James having been reported to our office. I made inquiry. The discrepancy in regard of the cases reported here was made. I have had an chance to consult them and have been left the number. Rightfully J. M. Lockwood - James

## INSTRUCTIONS.

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

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

Number of the line upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	<i>Consumption</i>	<i>the</i>	<i>W. H. Jackson</i>	13				25			
2				14				26			
3				15				27			
4				16				28			
5				17				29			
6				18				30			
7				19				31			
8				20				32			
9				21				33			
10				22				34			
11				23				35			
12				24				36			