Page No. Supervisor's Dist: No. 2 Enumeration Dist: No. 69

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

Note O.—For instructions relative to the entries in column 14, see bear of this Sche Note D.—In column 17, note distinctly if no Physician was in attendance, thus [Refs.]

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880; enumerated by me in bis May 410 macon , State of Timpin

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Note	EUpon	this	Schedule	should	be	CAREFULLY	RETURNED:

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Of the deaths reported above, district, though the families to which this enumeration district, as follows	h th	following e deceased	occurred belonged	out res	of this	enumeration me 1, 1880, in
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Number of the line upon which the case	Place where the death occurred,									
is reported above.	Town.	- County.	State.							
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ist. Every death which has occurred in this enumeration district during the Consus year, whether the deceased was or was not, as 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 Consus year, the deceased being at date of death a member of a family which resided June 1, 1880, in the enumeration district.

district. The enumerator should make these entries upon this Schedule with freat care, seeking every source of information. When a positive statement is impossible, as when aff ago only be estimated, or a birth-place must be conjectured, the entry may be lineised in parentheses, thus: Age (26), meaning that the best estimate of the age that can be given is 25 years.

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 motely 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 diginof 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 abseess, aneurism, cancer, carbuncle, dropsy Aumor ulcer, specify the organ or part affected as iliac abscess, abscess of liver; femoral aneurism; carblincle 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 neek tumor of abdomen; uleer of face, uleer of groin, &c. Typhus, typhoid, and typho-malarial fevers should be carefully distinguished. Repecial inquiry should be made for cases of "still-births," including infants born deal from g whatever cause. As few deaths as possible should be reported under such 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 paradysis is understood. Distinguish between acute and chronic bronchitis, acute and chronic dysentery or diarrhea, acute and chronic rheumatism. Report cerebro-spinal

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A space is left at the bottom of each page of this Schedule for remarks is desired that the enumerators should there describe any particular malady or usual or peculiar disease which has prevailed in the subdivision, and the supposause thereof. In case of any musual number of deaths, by violence or accide as by the caving of a nine, or similar calamity), an explanation should be a in the space for remarks.

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

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

	9				
Number of the line, on Schedule 5 upon which this case is reported.	CAUSE OF DEATH. SIGNATURE OF THE ATTENDING PHYSICIAN. Primary. Immediate.	and the control of Death Servature of the Averdon Physician Physic	Number of the line on Schedule Japon which this case is reported.	CAUSE of BAAFI SHONATURE OF BATTERDANG PUSES Primary frame-sline	TAN
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The enumerator should make these entries upon this Schedule with frest care, seeking eyery source of information. When a positive statement is impossible, as when an age can only be estimated, or a birth-place must be oxijectured, the entry may be inclosed in parentheses, thus: Age (25), meaning that the best estimate of the age that can be given is 20 years.

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as Every death which has occurred in this enumeration that the Census year, whether the deceased was or was not disaber of any family which resided June 1, 1880, in the di- 21. Every death which has occurred outside of this enum it is during the Census year, the deceased being at date mapper of a family which resided June 1, 1880, in the district.	district durate of the line upon trict. Sunder of the line upon trict. In the upon trict of the line upon trict	family of the deceased resided Jude i, 1880. County. State. Number of the time upon time reported above. To	Place where the death occurred.
The enumerator should make these entries upon this Start care, seeking every, source of information. When statement is impossible, as when an age can only be est but place must be conjectured, the entry may be inclosed thus: Age (25), meaning that the best estimate of the styre is 25 years.	mated, or a		

Page No. / Supervisor's Dist: No. 2	}	Note A.—The Census Year I Note B.—In making entries in case of Divorced p	tocgins Ju. 1, 1879, and end a column 8, 7 and 8, an affirr persons, column 8, when the le	is May 31, 1880, native mark only will be used, thus tter "D" is to be used.	Received in the 19 start 80°
Enumeration Dist: No. 27)	Note D.—In column 17, note of	distinctly if no Physician was	in attendance thus (None.)	
SCHEDULE 5.—Persons	who DIED dur	ng the Year ending Ma		ated by me in Such	A Yol , in the County of
					Enumeratory 125
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The enumerator should make the great care, seeking every source catatement is impossible, as when a birth-place must be conjectured, the	information. When age can only be esting	a positive			
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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.

CAUSE OF DEATH. SIGNATURE OF THE ATTENDING PHYSICIAN. Primary. Immediate.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH	Immediate.	SIGNATURE OF THE ATTENDING PHYSICIAN.	umber of the line on Schedule 5 dpon which this case is reported.	CAUSE OF DEA	TIII.	SIGN	ATURE OF THE DING PHYSICIA
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Enumeration Dist: No. 7/			or instructions relative to the column 17 note distinctly	olumn 8, when the letter "D" he entries in column 14, see b if no Physician was in attend	is to be used. ack of this Schedule.)
SCHEDULE 5.—Persons	who DIED	during the Year	ending May 31	1880 onumerated	lance, thus (None.)	Tank	
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Name of the person deceased.		place of birth of this person, many try, if of coreign birth, and	Where was the Father of this person learn; the learning of the	Professible Designation of Trush. (Note to be asked in respect to persons under 40 years of age.)	Heese or cause of death.	on to the disease was not con-	Name of attending Physician.
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Page No. Supervisor's Dist: No. 2 Enumeration Dist: No. 73

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Name of the person deceased.	fraction, thunds, thun	Divorced D.	Place of birth of this W person, naming the State or Territory of the U.S., or the coun- try, if of oreign birth.	here was the . W father of this zerson born? As in column	Where was the Mother of this person born? As in column	Profession, Occupation or Trade. (Not to be asked in research spect to persons under 10 years of agg.) The month in which the person died.	Disease or cause of death.	If the disease was not contracted at place of death, sta	Name of attending Physician.
miles of the	o at last births free months in mader 1 month, hus - r. Fernale (M) or - White (W) (Mu). Ch ogle	idowed //	the U.S. or the country, if of foreign birth.	As in column	As in column			fractions, i	
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Note E.—Upon this Schedule should be CAREFULLY RETURNED:

lst. 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 obtaided 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.

Of the deaths reported abo	ve the fol	lowing oce	urredin	this a	numerat	ien di	strict
but the families to which the	/deceased	belonged,	resided	June	1, 40880.	out	of the
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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 ab cess, abscess of liver; femoral aneurism; carbuncle on lip; cancer of breast, cancer of uterus, carcer-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 sec. 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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Form for the statement by attending physicians of the causes of death in the cases reported on the reverse side of this sheet

CAUSE OF DEATH, SIGNATURE OF THE ATTENDING PHYSICIAN	and the second of the second o	SIGNATURE OF THE ATTENDING PHYSICIAN.	CAUSE OF DEATH.	Signature of the
Trimary. Immediate.	Primary. Immediate.	Number on Sch whisely reporte	Primary.	ATTENDING PHYSICIAN.
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Note A.—The Census Year begins June 1, Note B.—In making entries in columns 6, 7, an case of Divorced persons, column 8, 4 Note C.—For instructions relative to the entries Note D.—In column 17, note distinctly if no Phys and ends May 31, 1880. and ends May 31, 1880. and ends May 31, 1880. and the letter "D" is to be used. olumn 14, see back of this Schedule. was in ettendance, thus (Now.)

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enul erated by me in State of Leville of

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if a given in con-	Personal Description. In description.	What was the civil condition of the per- son who died?	Nativity	* 6 .	Profession, Occupation or Trade.		of Albe, county 7		
Name of the person deceased.	Age at last hirthday. B greanouth in fractio under I mount, gives that — fit. Sex—Mate (M.). Fegmate (F). Color—White (W). Base (Mn). Chinese (C	Married Midowed Midowe	ce of birth of this Where was the reson, haming the Esther of this late or Territory of person born; et U. S. or the county, 16 of foreignfoirth, 9.	Where was the Mother of this person born? (As in solumn %).	(Not to be asked in respect to persons under 10 years of age.)	the month in w hich the person lied.	cause of death. upless a mid-	was not con- tracted at place of death, state	Name of aftending Physician,
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ote E.—Upon this Schedule should lst. Every death which has occurre ag the Census year, whether the de				5.00	ving occurred in this enumera- clonged, resided June 1, 1880	- 1	the deaths reported above, though the families to whice imeration district, as follows	the fellowing occurred the deceased belonge	d out of this enumeration d resided June 1, 1880, in
ig the Census year, whether the de- member of any family which resided 2d. Every death which has occurred the during the Census year, the di- tember of few in the consultance.	June 1, 1880, in the d outside of this er eceased being at o	e district. numeration date of deat	h, a Number of the line upon which the base is reported above. Town	where the family	of the deceased resided June .	Number of t line upon which the ca is reported above.	Town.	lace where the death oc.	curred,

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Page No.	* 1
Supervisor's Dist: No.	D. 6
Foumeration 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 D.—In column 17, note distinctly if no Physician was in attendance, thus (None.)

SCHEDULE 5.—Persons who DIED during the Year ending May 11. 1880, enumerated by me in fine this hold 687

, in the County of

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open in the state of the state	Description, 15 Indian (I) Indian	What was the civil condition of the per- son who died?		NATIVETY &	Profession, Occupation of Trade.	n. The month		to the sounds in the sound in the	
Name of the person deceased,	ge at lest birthday. The give models in frection under J month, give his three J month, give his three J month, give his year. Market We. Hast Joyn, Chinese (T. Mark. Chinese	ingle arrived 'Idowest,'''' Divores	Place of birth of this person, naming the State or Territory of the U. S., or the coun- try, if of foreign birth,	Where was the Pather of this Mother to person boths (As in column) (As in column) (As in column) (As in column)	the this spect to be asked in r spect to persons und 10 years of age.	in which the person died.	Insense or entire of death.	transfell of place of definition the place of definition the place. I will sent the place.	Name of attending Physician.
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Note E .- Upon this Schedule should be CAREFULLY RETURNED

lst. Every death which has occurred in this enumeration district during the Consus 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 dark of death as member, of, a family which resided June, 1, 1880, in the enumeration district.

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Of the deaths reported	above, the fol	lowing occurred in	this enn	meration d	istrict.
the families to which	the deceased	belongyd, resided	June 1;	Issu, out	of the
meration district, as foll	ows:				