

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 John List, in the County of Madison, State of Indiana, Vol. 104 Page 1

Enumerator: 120

[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, 1950, in the enumeration district, as follows:

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

above.	Town.	County.	State.	is reported above.	Town.	County.	State.

[illegible]

REMARKS

Enumeration Dist: No

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

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

Madison, State of *Illinois*

Generator

P.K. Chering L. S.	6 7 M	Zemm.	Lept. Infl. Liver	N.A.M. boy
P.K. Weening M. S.	19 M M			
			Warm hand Lept. Dysentery	" "

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

Number of the
line upon
which the case
is reported
above

Place where the death occurred

Town

County

Stat

REMARKS.

Page No. 1

Supervisor's Dist. No. 5

Enumeration Dist. No. 88

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

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

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

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

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in 2nd Civil District in the County of Madison, State of Tennessee, W. H. Murchison Enumerator.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
1	Agnes Ann	65 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
2	Quarrey Ann	62 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
3	Parham John	24 M	1	W	W	W	W	W	W	W	W	W	W	W	W	W
4	Parham John A	29 M	1	W	W	W	W	W	W	W	W	W	W	W	W	W
5	Parham John	1 M	1	W	W	W	W	W	W	W	W	W	W	W	W	W
6	Parham James	17 M	1	W	W	W	W	W	W	W	W	W	W	W	W	W
7	Thompson John	71 M	1	W	W	W	W	W	W	W	W	W	W	W	W	W
8	Goldens Daniel	57 M	1	W	W	W	W	W	W	W	W	W	W	W	W	W
9	Willet Maria	26 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
10	Willet Maria	17 M	1	W	W	W	W	W	W	W	W	W	W	W	W	W
11	Smith Frank	5 M	1	W	W	W	W	W	W	W	W	W	W	W	W	W
12	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
13	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
14	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
15	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
16	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
17	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
18	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
19	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
20	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
21	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
22	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
23	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
24	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
25	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
26	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
27	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
28	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
29	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
30	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
31	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
32	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
33	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
34	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
35	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W
36	Willet Maria	25 F	1	W	W	W	W	W	W	W	W	W	W	W	W	W

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.

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 which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.	
1	Pneumonia	Same	L. H. Parker	13	Pneumonia	Same	L. H. Parker
2	Pneumonia	Same	L. H. Parker	14	Pneumonia	Same	L. H. Parker
3	Pneumonia	Same	L. H. Parker	15	Pneumonia	Same	L. H. Parker
4	Pneumonia	Same	L. H. Parker	16	Pneumonia	Same	L. H. Parker
5	Pneumonia	Same	L. H. Parker	17	Pneumonia	Same	L. H. Parker
6	Pneumonia	Same	L. H. Parker	18	Pneumonia	Same	L. H. Parker
7	Pneumonia	Same	L. H. Parker	19	Pneumonia	Same	L. H. Parker
8	Pneumonia	Same	L. H. Parker	20	Pneumonia	Same	L. H. Parker
9	Pneumonia	Same	L. H. Parker	21	Pneumonia	Same	L. H. Parker
10	Pneumonia	Same	L. H. Parker	22	Pneumonia	Same	L. H. Parker
11	Pneumonia	Same	L. H. Parker	23	Pneumonia	Same	L. H. Parker
12	Pneumonia	Same	L. H. Parker	24	Pneumonia	Same	L. H. Parker

Supervisor's Dist: No. 51
Enumeration Dist: No. 89

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

Madison, State of Tennessee

W. H. Smyth

Enumerator. 13

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:

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

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Number of the line upon which the case	Place where the death occurred.

is reported above.	Town.	County,	State.

REMARKS

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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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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	<i>Infantile Pneumonia</i>	<i>Perforation</i>	<i>J. B. Barton</i>
4				16				28			
5				17				29			
6	<i>typho malarial fever</i>	<i>hemorrhage</i>	<i>J. B. Barton</i>	18				30			
7				19				31			
8	<i>Pneumonia</i>	<i>Empyema</i>	<i>J. B. Barton</i>	20				32			
9				21				33			
10				22				34			
11				23				35			
12				24				36			

Page No.

Supervisor's Dist. No.

Enumeration Dist. No.

[7-222.]

Recd

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 *The 4th Civil District*, in the County of *Madison*, State of *Tennessee*.

Enumerator. 132

Enumerated. 132																						
Name of the person deceased.		Personal Description.			What was the civil condition of the person who died?			NATIVITY.			Profession, Occupation or Trade.		The month in which the person died.		Disease or cause of death.		How long a resident of the county? If not, state the place.		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.	18.	19.	20.	21.	22.	
37	Cole, Pella Ann	2; 7; 15	F	W	1	✓	Widowed	Tennessee	Tennessee	Tennessee	farm laborer	Nov	Consumption	at home	at home	Dr. Ligon						
38	Cothran, H. J.	6; 1; 15	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Physician	Nov	Consumption	at home	at home	Dr. Ligon						
39	Trillion, Trillion	79; 1; 15	M	W	1	✓	Widowed	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
40	Kealey, Wesley	2; 7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
41	Murchison, M.	79; 1; 15	M	W	1	✓	Widowed	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
42	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
43	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
44	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
45	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
46	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
47	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
48	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
49	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
50	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
51	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
52	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
53	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
54	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
55	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
56	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
57	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
58	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
59	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
60	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
61	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
62	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
63	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
64	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
65	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
66	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
67	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
68	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
69	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
70	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
71	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
72	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
73	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
74	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
75	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
76	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
77	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
78	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
79	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
80	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
81	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
82	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
83	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
84	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
85	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
86	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
87	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
88	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
89	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
90	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
91	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
92	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
93	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
94	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
95	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
96	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
97	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
98	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
99	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						
100	Murchison, M.	7; 13	M	W	1	✓	Married	Tennessee	Tennessee	Tennessee	Blacksmith	May	Apoplexy	at home	at home	Dr. Ligon						

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

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

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

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

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

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

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

Town. County. State.

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

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

Place where the death occurred.

Town. County. State.

REMARKS.

I have endeavored to get the best about each, but in some cases there was no Physician and in some cases the Physician did not seem to expect the cases, some only presented and never saw the person.

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.	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	Syphilis		J. L. Williams	13	Corries		J. B. Hamilton	25	Correctly stated		D. P. Harrison
2	Scarlet fever		J. T. Jones	14				26	Correctly stated		W. M. Harrison
3				15	Correctly stated		D. P. Harrison	27			
4	Exanthematous disease		J. T. Jones	16	Peritonitis		J. B. Hamilton	28			
5				17				29			
6				18				30			
7	Brain fever		W. M. Harrison	19				31			
8				20				32			
9				21				33			
10	Correctly stated		J. T. Jones	22				34			
11				23	Conjunctivitis			35			
12	Swimmer's Complaint		W. J. Arnold	24				36			

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Supervisor's Dist. No. 5
Enumeration Dist. No. 11

[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 Madison, in the County of Madison, State of Iowa

Enumerator 133

Enumerator 133

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
Name of the person deceased.	Age at death.	Sex.	Color.	Married.	Single.	Widowed.	Divorced.	Place of birth of this person, naming the State or Territory of the United States, or the country, if of foreign birth.	Where was the Father of this person born? As in column 9.	Where was the Mother of this person born? As in column 9.	Profession, Occupation or Trade.	The month in which the person died.	Disease or cause of death.	How long a resident of the county in which the death occurred.	If the disease was not contracted at place of death, state the place.	Name of attending Physician.
✓ 8. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 9. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 10. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 11. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 12. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 13. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 14. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 15. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 16. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 17. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 18. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 19. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 20. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 21. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 22. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 23. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 24. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 25. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 26. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 27. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 28. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 29. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 30. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 31. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 32. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 33. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 34. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 35. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 36. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 37. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 38. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 39. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 40. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 41. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 42. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 43. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 44. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 45. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 46. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 47. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 48. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 49. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 50. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 51. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 52. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 53. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 54. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 55. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 56. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 57. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 58. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 59. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 60. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 61. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 62. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 63. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 64. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 65. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 66. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 67. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 68. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 69. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 70. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 71. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 72. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 73. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 74. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 75. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 76. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 77. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 78. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 79. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 80. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 81. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 82. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 83. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 84. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 85. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 86. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 87. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 88. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 89. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 90. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 91. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 92. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 93. <i>W. H. H. H.</i>	14	M	W	1	W	W	W	W	W	W	W	W	W	W	W	W
✓ 94. <i>W. H. H. H.</i>	14	M	W	1												

INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

Number of the line on which this case is reported	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on which this case is reported	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on which this case is reported	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	Correctly Stated		M. Murchison	13				25			
2	Correctly Stated		M. Murchison	14				26			
3				15				27			
4	Correctly Stated		J. L. Taylor	16				28			
5	Correctly Stated		M. Murchison	17	Influenza		J. L. Taylor	29			
6				18				30			
7				19				31			
8	Measles	Pneumonia	M. Murchison	20				32			
9	Correct		H. J. Arnold	21				33			
10	Correctly Stated		F. A. Blauvelt	22				34			
11				23				35			
12				24				36			

Page No. 1

Supervisor's Dist. No. 5

Enumeration Dist. No. 13

[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 *9th District*, in the County of *Madison*, State of *Illinois*.

Enumerator. 134

Number of the family as given in the
last numbered 2 is included.

Enumerators. 134

Name of the person deceased		Age at last birthday, or under 1 year, state the month and day	Sex	Color	Married	Single	Divorced	What was the civil condition of the person who died?	Place of birth of this person, naming the State or Territory of the U.S., or the country, if of foreign birth.	Where was the father of this person born? As in column 9.	Where was the mother of this person born? As in column 10.	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.
Matthew Waller	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
Robt. Mary	F	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
17. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
18. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
19. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
20. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
21. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
22. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
23. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
24. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
25. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
26. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
27. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
28. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
29. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
30. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
31. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
32. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
33. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
34. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
35. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
36. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
37. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
38. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
39. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
40. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
41. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
42. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
43. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
44. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
45. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
46. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
47. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
48. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
49. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
50. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
51. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
52. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
53. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
54. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
55. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
56. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
57. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
58. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
59. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
60. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
61. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
62. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
63. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
64. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
65. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
66. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
67. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
68. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
69. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
70. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
71. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
72. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
73. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
74. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
75. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
76. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
77. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
78. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
79. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
80. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
81. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
82. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
83. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
84. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
85. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
86. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
87. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
88. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
89. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
90. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
91. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
92. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
93. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
94. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
95. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
96. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
97. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
98. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
99. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan
100. John Jones	M	18	W						Ill.	Ill.	Ill.	Colorist	July	Colony infant		Joseph D. Sullivan

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.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36.

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

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

Place where the death occurred.

Town. County. State.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36.

REMARKS.

INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

| Number of the line on reverse side upon which case is reported. | CAUSE OF DEATH. | | Number of the line on which this case is reported. | CAUSE OF DEATH. | | Number of the line on which this case is reported. | CAUSE OF DEATH. | | Number of the line on which this case is reported. |
|---|------------------|---------------|--|-------------------------|---------------|--|-----------------|------------|--|
| | Primary. | Immediate. | | Primary. | Immediate. | | Primary. | Immediate. | |
| 1 | | | 13 | | | 25 | | | |
| 2 | | | 14 | Consumption | Thos. Stovall | 26 | | | |
| 3 | | | 15 | | | 27 | | | |
| 4 | | | 16 | Coronary artery disease | W. J. Jones | 28 | | | |
| 5 | | | 17 | | | 29 | | | |
| 6 | Diphtheria | W. J. Jones | 18 | | | 30 | | | |
| 7 | Cholera infantum | W. J. Jones | 19 | | | 31 | | | |
| 8 | Ulceration mouth | Thos. Stovall | 20 | Cholera infantum | Thos. Stovall | 32 | | | |
| 9 | | | 21 | | | 33 | | | |
| 10 | | | 22 | | | 34 | | | |
| 11 | Whooping cough | W. J. Jones | 23 | | | 35 | | | |
| 12 | | | 24 | | | 36 | | | |

Page No. 1

Supervisor's Dist. No. 5

Enumeration Dist. No. 14

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).

Received July 19, 1880.

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

Enumerator. B6

| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. | 16. | 17. |
|------------------------------|--|------|--------|---|---------|----------|-----------|--|---|--|---|-------------------------------------|----------------------------|--|---|------------------------------|
| Name of the person deceased. | Age at death. If under 1 year, state the number of months. If 1 year or more, state the number of years and months. If a child, state the date of birth. | Sex. | Color. | White (W), Black (B), Indian (I), Chinese (C), Japanese (J), Other (O). | 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. (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 and days. | The disease was not contracted in this place. | Name of attending Physician. |
| Smith, Anna | 37 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 19 | here | Dr. J. H. Smith |
| Benkins, Tony | 5 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Epilepsy | 5 | here | Dr. J. H. Smith |
| Conell | 1 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 6 | here | Dr. J. H. Smith |
| Ford, Anna | 23 | W | B | | | | | W. Va. | W. Va. | W. Va. | W. Va. | Jan | Consumption | 23 | here | Dr. J. H. Smith |
| Bradley | 7 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 11 | here | Dr. J. H. Smith |
| Smith, Lucy | 17 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Consumption | 11 | here | Dr. J. H. Smith |
| Infant | 2 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 11 | here | Dr. J. H. Smith |
| Smith, John | 14 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 10 | here | Dr. J. H. Smith |
| Marlin, Lucy | 28 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 5 | here | Dr. J. H. Smith |
| Nice, Maria | 35 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 4 | here | Dr. J. H. Smith |
| Hudson, David | 4 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 3 | here | Dr. J. H. Smith |
| Francis, George | 28 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 3 | here | Dr. J. H. Smith |
| Worborough | 13 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Woods, Lena | 37 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Karber, James | 33 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Hardy, Mary | 40 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Conell, John | 7 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Will, Carrie | 44 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Infant | 3 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| McGee, David | 3 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Rebel, Elizabeth | 77 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Payton, David | 3 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Span, Charlotte | 30 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Robert | 1 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Jackson, Mary | 3 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Wadley, William | 1 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Mary, Henry | 45 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Mary, Susan | 66 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Madman, David | 4 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Walt, David | 50 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Johnings, Henry | 11 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Mathews, Mrs. S. | 24 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Joseph | 17 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Madaway, Kate | 24 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Infant | 1 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |
| Walter, William | 1 | W | B | | | | | W. Va. | W. Va. | W. Va. | Farmer | Jan | Pneumonia | 0 | here | Dr. J. H. Smith |

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. |
| 25 | Clinton | Madison | Tenn. |
| 27 | Clinton | Madison | 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. |
| 25 | | | Tenn. |
| 27 | Greene | Madison | Tenn. |
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REMARKS.

I have seen all the Physicians except Drs Manly & Collins, who former lives 12 miles away & the latter went to Colorado some three weeks since for his health. Drs Pitt & Chute state they did not treat Mr. Smith in his last illness but previously.

Respectfully Submitted,
J. B. Knaughton
Enumerator-Dist 14

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 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 | | | | 25 | | | |
| 2 | Corruct | | J. B. Hamilton | 14 | | | | 26 | | | |
| 3 | Quadriceps fem | | J. B. Hamilton | 15 | | | | 27 | Typho malarial ague | | R. D. Thompson M.D. |
| 4 | | | | 16 | | | | 28 | | | |
| 5 | Corruct | | J. B. Hamilton | 17 | | | | 29 | | | |
| 6 | | | | 18 | | | | 30 | Malaria a fever | | J. B. Savage, M.D. |
| 7 | | | | 19 | | | | 31 | Inflam. Rheumatism | | J. L. Paylen |
| 8 | Typho malarial fever | | J. B. Hamilton | 20 | | | | 32 | Typhoid fever | | J. L. Paylen |
| 9 | Corruct | | J. B. Hamilton | 21 | | | | 33 | Typhoid fever | | J. L. Paylen |
| 10 | | | | 22 | | | | 34 | Puerperal Convulsions | | R. R. Dashiell |
| 11 | | | | 23 | | | | 35 | Still Born | | R. R. Dashiell |
| 12 | | | | 24 | | | | 36 | | | |

Received July 19, 1880.

Page No. 2
Supervisor's Dist. No. 5
Enumeration Dist. No. 74

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

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

Enumerator. 137

| Name of the person deceased. | Personal Description. | | | What was the civil condition of the person who died? | | Place of birth of this person, naming the State or Territory of the U. S., or the country, if of foreign birth. | | Where was the Father of this person born? As in column 8. | | Where was the Mother of this person born? As in column 9. | | Profession, Occupation or Trade. | | The month in which the person died. | | Disease or cause of death. | | If the disease was not contracted at place of death, state the place. | | Name of attending Physician. | |
|---|--|------|--------|--|----------|---|-------|---|-------|---|-------|-----------------------------------|--------|-------------------------------------|-------|----------------------------|--------|---|-------------|------------------------------|--|
| | Age at death. If under 1 year, give month and day. If 1 year or over, give year and month. | Sex. | Color. | Single. | Married. | Foreign. | U. S. | Foreign. | U. S. | Foreign. | U. S. | Profession, Occupation or Trade. | Month. | Day. | Year. | Disease or cause of death. | Place. | Place. | Physician. | | |
| Waskins b | 4 | M | W | / | | | | | | | | | | | | Smoked | | | | | |
| (Additions to Madison Co. from Supplemental Schedules.) | | | | | | | | | | | | | | | | | | | | | |
| Reicks H. L. | 44 | M | W | 1 | | | | | | | | 1 st Tenn E. D. No 119 | | | | Sept Consumption | | | R. A. McCoy | | |
| Phillips John | 42 | M | W | 1 | | | | | | | | 4 th Tenn E. D. No 55 | | | | fine Paralysis | | | for Rains | | |
| Nelson Susan | 74 | F | W | 1 | | | | | | | | 4 th Tenn E. D. No 55 | | | | fine Sudden | | | | | |
| McKuffey Edgmon | 1 | M | W | 1 | | | | | | | | 5 th Tenn E. D. No 102 | | | | Ang Malarial fever | | | Delap | | |
| Wayo Penny | 45 | F | W | 1 | | | | | | | | 5 th Tenn E. D. No 94 | | | | for Congestion | | | Thompson | | |

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.

If 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.

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

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

REMARKS.

INSTRUCTIONS.

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

Enter the name of the primary disease in all cases, and where the immediate cause of death has been a complication or consequence of the primary disease, enter that also. For instance, enter all cases of death resulting either immediately or remotely from *measles, scarlet fever, typhoid fever, remittent fever, small pox, &c.*, under the names of those diseases, but add also *dropsy, hemorrhage from the bowels, pneumonia, &c.*, if these occurred as complications and were the more immediate cause of death. In cases of death from hemorrhage, specify the origin of the hemorrhage, thus: *hemorrhage from aortic aneurism, hemorrhage from ulcer of intestines in typhoid fever, hemorrhage from lungs, hemorrhage from wound of neck, &c.* So also for abscess, aneurism, cancer, carbuncle, dropsy, tumor, ulcer, specify the organ or part affected, as *ileac abscess, abscess of liver, femoral aneurism; carbuncle on tip; 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. | 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 | Unknown | Congestive | Arthur | 13 | | | | 25 | | | |
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| 12 | | | | 24 | | | | 36 | | | |

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

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

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

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

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in the 11th civil dist., in the County of Madison, State of Illinois. J. P. Lloyd, Illinois. Enumerator. 138

| Name of the person deceased. | | Age at last birthday, or date of birth, if given. | Sex. | 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 not born here. | 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 patient of the disease? (Indicate time.) | 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. |
| 5 | Brown, Rose | 2 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | | Feb. | Sengula | 2 | at birth | Julius Johnson |
| 11 | Callis, Francis | 30 (2/00) | 1 | | | Iowa. | Iowa. | Iowa. | Keeping house | Sept. | Swimmer in abdominal | 1 | | Ward Booth |
| 116 | Chasmore, John | 2 (2/10) | 1 | | | Iowa. | Iowa. | Miss. | | Feb. | Swimmer in abdominal | 1 | | Booth |
| 20 | Smith, John | 1 (2/13) | 1 | | | Iowa. | Iowa. | Miss. | | Oct. | Inflammation of bowels | 1 | | A. Booth |
| | Lizzie | 1 (2/13) | 1 | | | Iowa. | Iowa. | Miss. | | Oct. | Inflammation of bowels | 1 | | A. Booth |
| 26 | Gray, Hannah | 2 (2/13) | 1 | | | Iowa. | Miss. | Iowa. | | Sept. | Diphtheria | 1 | | Booth |
| 33 | Marshall, Lucy | 5 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | | Nov. | Burned | 5 | | |
| | Brown, Martha | 30 (2/13) | 1 | | | N. C. | N. C. | N. C. | Keeping house | Dec. | Pneumonia | 3 | | Ward Booth |
| 48 | Wade, Chasmore | 7 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | | May | Convulsion | 1 | | Iowa |
| 58 | Hadford, Agnes | 18 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | Ward on farm | Oct. | Child-birth | 18 | | Ward Booth |
| 61 | McKee, Isaac | 12 (2/13) | 1 | | | Iowa. | N. C. | Iowa. | | Aug. | Convulsion | 12 | | A. Booth |
| 80 | McKee, Harvey | 59 (2/13) | 1 | | | N. C. | N. C. | N. C. | Keeping house | Nov. | Stroke | 15 | | |
| 88 | Brown, Martha | 30 (2/13) | 1 | | | N. C. | N. C. | N. C. | Keeping house | Dec. | Child-birth | 3 | | Ward Booth |
| | Mattie | 2 (2/13) | 1 | | | Iowa. | N. C. | N. C. | | Apr. | Swimmer | 3 | | |
| 87 | W. C. Jones | 24 (2/13) | 1 | | | Pa. | Pa. | Pa. | Farming | Feb. | Consumption | 7 | | |
| 91 | Ward, Rhetta | 19 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | Ward on farm | Dec. | Consumption | 14 | | |
| 129 | Blackman, Mary | 2 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | | Aug. | Fever | 12 | | |
| 144 | Unimman, Ned | 64 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | Ward on farm | Nov. | Consumption | 50 | | Lease Jones |
| 152 | Cherry | 20 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | House servant | Apr. | " | 20 | | J. Gordon |
| 152 | Brinkley, Riley | 13 (2/13) | 1 | | | Iowa. | N. C. | Iowa. | | May | Malaria fever | 11 | | Loose |
| | Burns, William | 2 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | | Oct. | Swimmer | 12 | | A. Booth |
| 177 | Burt, Jennie | 34 (2/13) | 1 | | | Ala. | Ala. | Ala. | Keeping house | April | Swimmer by nose | 30 | | J. Johnson |
| 191 | Hopper, Bob | 45 (2/13) | 1 | | | N. C. | N. C. | N. C. | Farming | Apr. | Malaria fever | 30 | | W. B. Hamilton |
| | Nealy, M. E. | 13 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | | Oct. | Chol. Miff | 1 | | W. B. Sullivan |
| | Grubb | 12 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | | Nov. | Inflammation | 1 | | " |
| | Hart | 12 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | | Jan. | Pneumonia | 1 | | " |
| | Toot, Alton | 9 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | | May | Pneumonia | 1 | | A. Booth |
| | Toot, Dallis | 5 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | | May | Swimmer | 1 | | " |
| | Thomas, Peter | 61 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | Ward on farm | Aug. | Malaria fever | 1 | | " |
| | Johnson, C. L. | 24 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | Ward on farm | Nov. | Swimmer | 1 | | " |
| | Wether, R. L. | 19 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | Ward on farm | Jan. | Pneumonia | 1 | | W. B. Koval |
| | St. Clair, Willard | 3 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | | Sept. | Malaria fever | 1 | | L. L. Webb |
| | Wanner | 27 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | Ward on farm | Feb. | Consumption | 1 | | " |
| | Dyers, Harriett | 28 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | Ward on farm | Oct. | Swimmer | 1 | | A. Booth |
| | Brown, Will | 29 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | Ward on farm | Aug. | Malaria fever | 1 | | " |
| | Malry, Mary | 27 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | Ward on farm | Oct. | Malaria fever | 1 | | " |
| | Losery, Chas. | 31 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | Ward on farm | Apr. | Pneumonia | 1 | | " |
| | Barman, Mary | 40 (2/13) | 1 | | | Iowa. | Iowa. | Iowa. | Ward on farm | Nov. | Swimmer | 1 | | W. B. Koval |

Of the deaths reported above, the following were contracted at the following places:

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 included 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 were reported by the families in which the deceased resided June 1, 1880, 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.

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

Place where the death occurred.

Town. County. State.

REMARKS.

No 3 in column 1 above was "firing from birth" — apparently some congenital affection.

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 where 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).

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

Received August 5, 30

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in the 10th civil dist., in the County of Madison, State of Tennessee. J. Floyd Collins

J. Floyd Collins

Enumerator 139

| Number of the family given in column numbered 1—duplicate 1 | | Name of the person deceased. | Personal description | Age at death | Sex | Color | Birth | Place of birth | 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. | Disease or cause of death. | How long a resident of the county? If not, state month in which first came here. | 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. |
| 60 | (Infant) | 30 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | Term | Oct. | Debilitated | 0 | | |
| 61 | (Infant) | 30 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | Term | Oct. | Debilitated | 0 | | |
| 62 | Johnson, Berman | 28 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | Farming | Nov. | Gravels fever | 0 | | A. Boethe |
| 63 | Cox, Henry | 7 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Jan. | Smothered | 0 | | A. Boethe |
| 64 | McGee, Kate | 6 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | July | Smothered | 0 | | A. Boethe |
| 65 | Decker, Christian | 60 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Nov. | Pneumonia | 0 | | Dr. H. Boethe |
| 66 | Ward, Elizabeth | 19 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 67 | Ward, Jane | 13 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 68 | Ward, Ellen | 60 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 69 | Ward, Martha | 39 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 70 | Ward, Thomas | 32 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 71 | Ward, Mary | 12 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 72 | Ward, Infant | 30 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 73 | Ward, Isabel | 33 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 74 | Ward, Infant | 12 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 75 | Ward, Mary | 18 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 76 | Ward, Mary | 15 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 77 | Ward, Mary | 12 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 78 | Ward, Mary | 12 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 79 | Ward, Mary | 12 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 80 | Ward, Mary | 12 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 81 | Ward, Mary | 12 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 82 | Ward, Mary | 12 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 83 | Ward, Mary | 12 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 84 | Ward, Mary | 12 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 85 | Ward, Mary | 12 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |
| 86 | Ward, Mary | 12 (2) (M) | 1 | Term | Term | Term | Term | Term | Term | Term | | Dec. | Spinal meningitis | 0 | | Dr. H. Boethe |

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.

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

TANAGER

TANAGER

TANAGER

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

10

Place where the death occurred:

REMARKS

Enumeration Dist. No.

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.

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.)

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

1

Enumerator. 140

Note E.—Upon this Schedule should be CAREFULLY RETURNED

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

2d. Every death which has occurred outside of this enumeration district during the Census year, the deceased being at date of death a member of a family which resided June 1, 1890, in the enumeration district.

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

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

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

line upon which the case is reported

above. Town. County. State.

6 Picketville Gibson Tenn

| | | | |
|---|-------|--------|----|
| 7 | Milam | Gilman | 19 |
|---|-------|--------|----|

| | | | |
|----|----------|--------|------|
| 1 | Michigan | Prosen | year |
| 12 | Alaska | 1891 | 1 |

| | | | |
|----|---------|---------|------|
| 1 | Jackson | Madison | Sept |
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| 12 | | | |

18 Medon Madison Tex

* 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
Inquest | Place where the death occurred. |
|--------------------------|---------------------------------|
| 1 | |
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| 97 | |
| 98 | |
| 99 | |
| 100 | |

| Line upon which the case is reported | Case number | Character | Class |
|--------------------------------------|-------------|-----------|-------|
| 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 |
| 10 | 10 | 10 | 10 |
| 11 | 11 | 11 | 11 |
| 12 | 12 | 12 | 12 |
| 13 | 13 | 13 | 13 |
| 14 | 14 | 14 | 14 |
| 15 | 15 | 15 | 15 |
| 16 | 16 | 16 | 16 |
| 17 | 17 | 17 | 17 |
| 18 | 18 | 18 | 18 |
| 19 | 19 | 19 | 19 |
| 20 | 20 | 20 | 20 |
| 21 | 21 | 21 | 21 |
| 22 | 22 | 22 | 22 |
| 23 | 23 | 23 | 23 |
| 24 | 24 | 24 | 24 |
| 25 | 25 | 25 | 25 |
| 26 | 26 | 26 | 26 |
| 27 | 27 | 27 | 27 |
| 28 | 28 | 28 | 28 |
| 29 | 29 | 29 | 29 |
| 30 | 30 | 30 | 30 |
| 31 | 31 | 31 | 31 |
| 32 | 32 | 32 | 32 |
| 33 | 33 | 33 | 33 |
| 34 | 34 | 34 | 34 |
| 35 | 35 | 35 | 35 |
| 36 | 36 | 36 | 36 |
| 37 | 37 | 37 | 37 |
| 38 | 38 | 38 | 38 |
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| 40 | 40 | 40 | 40 |
| 41 | 41 | 41 | 41 |
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| 46 | 46 | 46 | 46 |
| 47 | 47 | 47 | 47 |
| 48 | 48 | 48 | 48 |
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| 50 | 50 | 50 | 50 |
| 51 | 51 | 51 | 51 |
| 52 | 52 | 52 | 52 |
| 53 | 53 | 53 | 53 |
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| 91 | 91 | 91 | 91 |
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| 93 | 93 | 93 | 93 |
| 94 | 94 | 94 | 94 |
| 95 | 95 | 95 | 95 |
| 96 | 96 | 96 | 96 |
| 97 | 97 | 97 | 97 |
| 98 | 98 | 98 | 98 |
| 99 | 99 | 99 | 99 |
| 100 | 100 | 100 | 100 |

| | | | |
|--------|-------|---------|--------|
| above. | Town. | County. | State. |
|--------|-------|---------|--------|

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REMARKS

INSTRUCTIONS.

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

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

Make sure that the distinction between apoplexy, epilepsy, and paralysis is understood. Distinguish between acute and chronic bronchitis, acute and chronic dysentery or 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. | 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 | Correctly Stated | | A. J. Love | 13 | | | | 25 | | | |
| 2 | Correctly Stated | | A. J. Love | 14 | | | | 26 | | | |
| 3 | Correctly Stated | | A. J. Love | 15 | Correctly Stated | | A. J. Love | 27 | | | |
| 4 | Correctly Stated | | A. J. Love | 16 | Correctly Stated | | A. J. Love | 28 | | | |
| 5 | Correctly Stated | | A. J. Love | 17 | Correctly Stated | | A. J. Love | 29 | | | |
| 6 | Correctly Stated | | A. J. Love | 18 | Correctly Stated | | A. J. Love | 30 | | | |
| 7 | Correctly Stated | | A. J. Love | 19 | Correctly Stated | | A. J. Love | 31 | | | |
| 8 | Correctly Stated | | A. J. Love | 20 | Correctly Stated | | A. J. Love | 32 | | | |
| 9 | Correctly Stated | | A. J. Love | 21 | Correctly Stated | | A. J. Love | 33 | | | |
| 10 | Correctly Stated | | A. J. Love | 22 | | | | 34 | | | |
| 11 | Correctly Stated | | A. J. Love | 23 | | | | 35 | | | |
| 12 | Correctly Stated | | A. J. Love | 24 | Correctly Stated | | A. J. Love | 36 | | | |

Page No.

2

Supervisor's Dist. No.

5

Enumeration Dist. No.

11

[7-222.]

Received July 9, 1880.

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

Note B.—In making entries in columns 9, 10, and 11, 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 12th Civil Dist., in the County of Madison, State of Tenn, Hendriand Wood Enumerator. 111

| 1. | 2. | 3. Personal Description. | | | 4. What was the civil condition of the person who died? | | | 5. NATIVITY. | | | 12. Profession, Occupation or Trade. | 13. This month in which the person died. | 14. Disease or cause of death. | 15. If the disease was not contracted at place of death, State the place. | 16. Name of attending Physician. |
|---|------------------|--------------------------|------|--------|---|---------|-----------|---|---|--|--------------------------------------|--|--------------------------------|---|----------------------------------|
| | | Age. | Sex. | Color. | Married. | Single. | 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.) | | | | | |
| 310 | Johanson, Senora | 1 1/2 | F | W | 1 | | | Tenn | Tenn | Tenn | | March | Yellow Fever | | George A. H. |
| 320 | Birdsong, Maria | 28 | F | B | 1 | | | Tenn | Tenn | Tenn | Working house | June | Malaria fever | | Leamer J. H. |
| 330 | Birdsong | 10 | F | B | 1 | | | Tenn | Tenn | Tenn | | July | Malaria fever | | Leamer J. H. |
| 340 | Herron, Emma | 1 | F | B | 1 | | | Tenn | Tenn | Tenn | | July | Inflammation Brain | | Godwin A. K. |
| <p>I certify that I have this day completed the enumeration of the district assigned me and that the returns have been fully and truthfully made in accordance with law and my oath of office.</p> <p>June 28th 1880</p> <p>Hendriand Wood
Enumerator</p> | | | | | | | | | | | | | | | |
| 350 | Herron Wm | 1 | M | B | 1 | | | Tenn | | | | July | Dysentery | | Godwin Godwin |
| 360 | Persons Dallas | 11 | M | B | 1 | | | Tenn | | | | Apr | Phthisis Dissem | | J. M. Roth |
| 370 | Htley P | 29 | F | W | 1 | | | | | | | Sept | Meningitis | | |

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. | County. | State. |
|---|--|---------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

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

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

REMARKS.

INSTRUCTIONS.

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

Enter the name of the primary disease. In all cases, and where the immediate cause of death has been a complication or consequence of the primary disease, enter that also. For instance, enter all cases of death resulting either immediately or remotely from *measles, scarlet fever, typhoid fever, remittent fever, small pox*, &c., under the names of those diseases, but add also *dropsy, hemorrhage from the bowels, pneumonia*, &c., if these occurred as complications and were the more immediate cause of death. In cases of death from hemorrhage, specify the origin of the hemorrhage, thus: *hemorrhage from aortic aneurism, hemorrhage from ulcer of intestines in typhoid fever, hemorrhage from lungs, hemorrhage from wound of neck*, &c. So also for abscess, aneurism, cancer, carbuncle, dropsy, tumor, ulcer, specify the organ or part affected, as *iliac abscess, abscess of liver; femoral aneurism; carbuncle on tip; 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 acute and chronic is understood. Distinguish between acute and chronic bronchitis, acute and chronic dysentery or diarrhoea, acute and chronic rheumatism. Report cerebro-spinal

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

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

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

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

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

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

| Number of the line on Schedule 5 upon which this case is reported | CAUSE OF DEATH | | Number of the line on Schedule 5 upon which this case is reported | CAUSE OF DEATH | | Number of the line on Schedule 5 upon which this case is reported | CAUSE OF DEATH | |
|---|------------------|------------------|---|----------------|-----------|---|----------------|-----------|
| | Primary | Immediate | | Primary | Immediate | | Primary | Immediate |
| 1 | Correctly stated | Correctly stated | 13 | | | 25 | | |
| 2 | | | 14 | | | 26 | | |
| 3 | | | 15 | | | 27 | | |
| 4 | Correctly stated | Correctly stated | 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 | | |

Page No. 1

Supervisor's Dist: No. 5

Enumeration Dist: No. 98

[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 Massachusetts, in the County of Worcester.

| Name of the person deceased. | | Age at last birthday, if under 1 year, indicate months and days; give day in fraction. | Sex—Male (M), Female (F). | Color—White (W), Black (B), Mulatto (M), Indian (I), Chinese (C), Japanese (J). | Single / Married / Widowed / Divorced D. | What was the civil condition of the person who died? | NATIVITY. | Place of birth of this person, naming the State or Territory of the U. S., or the country, if of foreign birth. | Where was the Father of this person born? (As in column 9.) | Where was the Mother of this person born? (As in column 9.) | Profession, Occupation or Trade. | The month in which the person died. | Disuse or cause of death. | How long a resident of the county? If less than a year, state months & days. | 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 | W. Hart, Horvath | 33 7 10 | M | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 2 | W. Hart, Jane | 17 4 18 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 3 | W. Hart, Minnie | 9 4 18 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 4 | Thomas, Mary | 40 2 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 5 | W. Hart, Jane | 58 9 13 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 6 | W. Hart, Jane | 30 7 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 7 | W. Hart, Jane | 5 2 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 8 | W. Hart, Jane | 11 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 9 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 10 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 11 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 12 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 13 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 14 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 15 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 16 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 17 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 18 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 19 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 20 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 21 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 22 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 23 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 24 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 25 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 26 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 27 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 28 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 29 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 30 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 31 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 32 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 33 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 34 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 35 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 36 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 37 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 38 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 39 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 40 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 41 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 42 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 43 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 44 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 45 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 46 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 47 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 48 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 49 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 50 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 51 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 52 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 53 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 54 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 55 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 56 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 57 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 58 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 59 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |
| 60 | W. Hart, Jane | 16 4 11 | F | W | Single | | Imm | Imm | Imm | Imm | Imm | Imm | Imm | | | |

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 birth-place 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:

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|---|--|--------|
| Town. | County. | State. |
| 122 | | |

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

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

REMARKS.

INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

Note D.—In column 17, note distinctly if no Physician was in attendance at the death.

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Enumerator. 143

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

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[illegible]

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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 | Correct | | J. L. Taylor | 13 | | | | 25 | | | |
| 2 | | | | 14 | Malaria | | J. L. Taylor | 26 | Correct | | |
| 3 | | | | 15 | Malaria | | J. L. Taylor | 27 | Correct | | |
| 4 | Pneumonia | | J. B. Hamilton | 16 | Hepatic | | J. L. Taylor | 28 | | | |
| 5 | | | | 17 | Correct | | Harris | 29 | Correct | | |
| 6 | | | | 18 | | | | 30 | Correct | | |
| 7 | | | | 19 | Correct | | J. L. Taylor | 31 | Correct | | |
| 8 | | | | 20 | Correct | | H. J. Hamilton | 32 | Correct | | |
| 9 | | | | 21 | | | | 33 | | | |
| 10 | | | | 22 | | | | 34 | | | |
| 11 | | | | 23 | | | | 35 | | | |
| 12 | | | | 24 | Correct | | J. L. Taylor | 36 | | | |

Page No. 2
Supervisor's Dist. No. 55
Enumeration Dist. No. 99

[7-222]

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 "X" 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 15 dist. Jackson mid the County of Muelian, State of Tennessee, Robt. A. Hunt

Enumerator. 144

| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. | 16. | 17. |
|--------------------------------|--|------|--------|--|-----------|----------|-----------|--|---|--|----------------------------------|-------------------------------------|----------------------------|--|---|------------------------------|
| Name of the person deceased. | Age at last birthday, or under 1 year, give month in decimal, thus 10.5 for 10 years and 6 months. | Sex. | Color. | White (W), Black (B), Indian (I), Chinese (Ch), Japanese (Ja). | Religion. | 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 member of the family, in years and months, thus 4.6 for 4 years and 6 months. | If the disease was not traced to place of death, state the place. | Name of attending Physician. |
| 1277 <u>Amargy, Ea</u> | 6 | M | B | | | | | Tenn. | Miss. | Tenn. | Labore | Mar | Meas. Convuls. | 9 | | D. S. Chastin |
| 1241 <u>Outley, John</u> | 33 | M | B | | | | | " | Tenn. | " | Labore | Feb | Pneumonia | 13 | | Dr. Hammett |
| 1261 <u>Wm. Harrison</u> | 13 | F | B | | | | | " | S.C. | Va | " | Feb | Consumption | 13 | | None |
| 1240 <u>Lane, Lemmie</u> | 33 | F | B | | | | | " | K.E. | K.E. | Keepersham | Mar | Consumption | 32 | | Dr. Hutton |
| 1273 <u>Edith Beulah</u> | 4 | F | B | | | | | " | Tenn | Tenn | " | April | Brain fever | 1 | | Dr. Thompson |
| 1250 <u>Lane, Mary</u> | 1 | F | B | | | | | " | " | " | " | Aug | Scarlet fever | 4 | | Dr. Hammett |
| 1257 <u>Hutchinson, Mattie</u> | 2 | F | B | | | | | " | " | " | " | May | Scarlet fever | 1 | | None |
| 1259 <u>Harris, Gabe</u> | 65 | M | B | | | | | Me | Me | Me | Labore | May | Pneumonia | 50 | | Dr. Hutton |
| 1245 <u>Robinson, John</u> | 3 | M | B | | | | | Tenn. | Tenn | Tenn | " | Aug | Cholera infestation | 3 | | Dr. Thompson |
| 1264 <u>Pritchard, Saml</u> | 31 | M | B | | | | | Miss. | Miss | Miss | Labore | Oct | Cerebral fever | 2 | | Dr. Finner |
| 1238 <u>Miller, Lucy</u> | 13 | F | B | | | | | Tenn | Tenn | Tenn | " | Aug | Consumption | 13 | | None |
| 1237 <u>Hart, Liddy</u> | 35 | F | B | | | | | Tenn | Tenn | Tenn | Servant | June | Child birth | 20 | | Dr. Thompson |
| 1236 <u>Infant</u> | 1 | M | B | | | | | Tenn | Tenn | Tenn | " | June | Stillbirth | 30 | | Dr. Finner |
| 1234 <u>Colyer, Mary</u> | 15 | F | B | | | | | " | " | " | " | May | Consumption | 15 | | Dr. Dushala |
| 1233 <u>Wm. Marshall</u> | 16 | F | B | | | | | " | Va | K.E. | " | Dec | Pneumonia | 14 | | None |
| 1232 <u>Mary E</u> | 12 | F | B | | | | | " | Tenn | Tenn | " | Sept | Measles | 12 | | Dr. J. B. Taylor |
| 1231 <u>Lee, Henry</u> | 7 | M | B | | | | | " | Va | Va | " | Mar | Pneumonia | 7 | | Dr. Dushala |
| 1230 <u>Wm. Hays</u> | 1 | M | B | | | | | " | S.C. | Tenn | " | May | Still birth | 1 | | None |
| 1229 <u>William, Joe</u> | 24 | M | B | | | | | " | K.E. | K.E. | " | Sept | Consumption of lungs | 10 | | None |
| 1228 <u>McNelly, George</u> | 29 | F | B | | | | | " | Tenn | Tenn | " | May | Measles | 2 | | None |
| 1227 <u>Anderson, Robt</u> | 4 | M | B | | | | | " | " | " | " | Oct | Pneumonia | 1 | | Dr. Brown |
| 1226 <u>Cruz, Henry</u> | 24 | M | B | | | | | Ja | " | " | Labore | Mar | Pneumonia | 2 | | Dr. Hutton |
| 1225 <u>Langford, J</u> | 25 | F | B | | | | | " | " | " | Keepersham | Aug | Angustia Cerebri | 62 | | Dr. Finner |
| 1224 <u>Fredman, Mel</u> | 52 | M | B | | | | | " | " | " | Labore | Dec | Pneumonia | 32 | | None |
| 1223 <u>Fleming, Jas E</u> | 17 | M | B | | | | | " | " | " | " | Mar | Pneumonia | 17 | | Dr. Thompson |
| 1222 <u>Wincallen, Albi</u> | 3 | F | B | | | | | " | " | " | " | April | Pneumonia | 2 | | None |
| 1221 <u>Reese, Joe G</u> | 5 | M | B | | | | | " | " | " | " | July | Scarlet fever | 5 | | Dr. Finner |
| 1220 <u>Gill, Emally</u> | 40 | F | B | | | | | " | " | " | " | Jan | Heart disease | 40 | | Dr. Savage |
| 1219 <u>Muller, Henry B</u> | 2 | M | B | | | | | Me | Ala | " | " | Feb | Empyema | 2 | | Dr. Hutton |
| 1218 <u>Muller, Muntia</u> | 7 | F | B | | | | | " | Me | " | " | Oct | Consumption | 7 | | Dr. Taylor |
| 1217 <u>Lynn, Liza</u> | 3 | F | B | | | | | " | Tenn | " | " | Feb | Cholera | 1 | | None |
| 1216 <u>Phelley</u> | 12 | M | B | | | | | " | " | " | " | Jan | Not known | 1 | | None |
| 1215 <u>Anderson, John</u> | 12 | F | B | | | | | " | " | " | " | Feb | Bronchitis | 12 | | Dr. Hutton |
| 1214 <u>Woyly, Infant</u> | 7 | F | B | | | | | " | " | " | " | May | Still born | 0 | | None |
| 1213 <u>Gray, John</u> | 2 | M | B | | | | | Miss | Miss | Miss | " | May | Pneumonia | 2 | | None |
| 1212 <u>Chadwick, John</u> | 10 | M | B | | | | | Ch | " | " | " | June | Smallpox | 1 | | None |
| 1211 <u>Chadwick, John</u> | 10 | M | B | | | | | Ch | " | " | " | Aug | Smallpox | 1 | | None |

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

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

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

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

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

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

| Place where the family of the deceased resided June 1, 1880. | Town. | County. | State. |
|--|-------|---------|--------|
|--|-------|---------|--------|

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

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

| Place where the death occurred. | Town. | County. | State. |
|---------------------------------|-------|---------|--------|
|---------------------------------|-------|---------|--------|

REMARKS.

INSTRUCTIONS.

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

Enter the name of the primary disease in all cases, and where the immediate cause of death has been a complication or consequence of the primary disease, enter that also. For instance, enter all cases of death resulting either immediately or remotely from measles, scarlet fever, typhoid fever, remittent fever, small pox, &c., under the names of those diseases, but add also dropsy, hemorrhage from the bowels, pneumonia, &c., if these occurred as complications and were the more immediate cause of death. In cases of death from hemorrhage, specify the origin of the hemorrhage, thus: hemorrhage from aortic aneurism, hemorrhage from ulcer of intestines in typhoid fever, hemorrhage from lungs, hemorrhage from wound of neck, &c. So also for abscess, aneurism, cancer, carbuncle, dropsy, tumor, ulcer, specify the organ or part affected, as iliac abscess, abscess of liver, femoral aneurism, carbuncle on tip; 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, 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 | Correct | | | 13 | | | |
| 2 | Correct | | | 14 | Correct | | |
| 3 | | | | 15 | | | |
| 4 | Correct | | | 16 | | | |
| 5 | Correct | | | 17 | | | |
| 6 | | | | 18 | | | |
| 7 | | | | 19 | | | |
| 8 | Correct | | | 20 | | | |
| 9 | Cholera infantum | | | 21 | | | |
| 10 | Correct | | | 22 | | | |
| 11 | | | | 23 | Conjunctivae of the eyes | | |
| 12 | Quarrel Convulsion | | | 24 | | | |
| | | | | 25 | | | |
| | | | | 26 | | | |
| | | | | 27 | | | |
| | | | | 28 | Correct | | |
| | | | | 29 | Correct | | |
| | | | | 30 | Correct | | |
| | | | | 31 | | | |
| | | | | 32 | | | |
| | | | | 33 | Correct | | |
| | | | | 34 | | | |
| | | | | 35 | | | |
| | | | | 36 | | | |

Page No. One (1)
Supervisor's Dist. No. 5
Enumeration Dist. No. 100

[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 "x", 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.)

Received July 27 1880.

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in the City of Jackson, in the County of Madison, State of Tennessee, S. H. McAlexander, Enumerator 115

| 1. | 2. | 3. | | | 7. | 8. | 9. | | | 12. | 13. | 14. | 15. | 16. | 17. |
|---|----|------------------------------|--|-----------------------------|---|----------------------------|---|---|---|-----|---------|---------------------|-----|-----|-------------------|
| | | Name of the person deceased. | Age at death, in years, months, and days, in full. | Sex—Male (M) or Female (F). | Color—White (W), Black (B), or Other (O). | Married (M) or Single (S). | 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.) | | | | | | |
| 7 | | Jackson Ida | 4 F | | | | Tenn. | Tenn. | Tenn. | | Aug. | Malaria fever | 4 | | John Taylor |
| 8 | | Robinson John | 3 M | | | | Tenn. | Tenn. | Tenn. | | Oct | Chronic Bronchitis | 3 | | No Physician |
| 17 | | Jones Wm W. | 26 M | | | | Miss. | Miss. | Miss. | | Sept | Phlegm | 8 | | A. K. Thompson |
| 22 | | Graham W. A. | 46 M | | | | Miss. | Miss. | Miss. | | Nov | Pneumonia | 10 | | R. D. Thompson |
| 23 | | Roach Infant | 5 M | | | | Tenn. | Tenn. | Tenn. | | Jan. | Tracheitis | 6 | | Sam'l Hubbard |
| 36 | | Kelly Joseph | 22 M | | | | Georgia | Georgia | Georgia | | Aug. | Yellow fever | 6 | | W. H. Knowlton |
| 51 | | Leahon Eric | 7 F | | | | Tenn. | Tenn. | Tenn. | | Nov. | Not known | 3 | | R. R. Harris |
| 65 | | Holmes Emma | 14 F | | | | Georgia | Ga. | Ga. | | at home | Aug. Malarial fever | 12 | | R. D. Thompson |
| 65 | | Wasson | 4 F | | | | Tenn. | Ga. | Ga. | | Aug. | Furunculosis | 1 | | R. D. Thompson |
| 96 | | Smith Julia | 1 F | | | | Tenn. | Miss. | Tenn. | | May | Furunculosis | 1 | | John Hunter |
| 140 | | Longborn J. L. | 25 M | | | | Germany | Germany | Germany | | Aug | Consumption | 10 | | R. R. Dasher |
| 141 | | Longborn Wm S. | 45 M | | | | Germany | Germany | Germany | | March | Heart disease | 7 | | R. R. Dasher |
| 145 | | Waldwell Robert | 22 M | | | | Spain | U. S. | U. S. | | Sept | Cholera | 6 | | R. R. Harris |
| 163 | | Jester Robert | 3 M | | | | Tenn. | Ga. | Ga. | | Sept | Not known | 3 | | R. Collins |
| 170 | | Brown David | 3 M | | | | Tenn. | Tenn. | W. Va. | | May | Not known | 3 | | R. D. Thompson |
| 211 | | Leland Georgia | 23 F | | | | Tenn. | Tenn. | Tenn. | | Feb. | Consumption | 23 | | R. Collins |
| 223 | | Flaminge L. J. | 59 M | | | | Virginia | W. Va. | W. Va. | | at home | Sept. Pneumonia | 4 | | John D. Hunter |
| 226 | | Thames Infant | 2 F | | | | Tenn. | Ga. | Ga. | | at home | March. Old fever | 3 | | No Physician |
| 237 | | Bradley Kate | 26 F | | | | Tenn. | Ireland | Tenn. | | Nov | Childbed fever | 26 | | Samuel Hunter |
| 255 | | Wesley Albert | 2 M | | | | Tenn. | Tenn. | Ala. | | June | Malarial fever | 2 | | G. Davidson |
| 285 | | Dashill A. T. | 22 M | | | | Tenn. | U. S. | U. S. | | March | Old fever | 22 | | R. R. Dasher |
| 296 | | Anthony Abram | 34 M | | | | U. S. | Holland | Holland | | at home | Feb. Pneumonia | 2 | | E. C. Savage |
| 300 | | Robertson Infant | 8 M | | | | Tenn. | Ky. | Tenn. | | May | Old fever | 8 | | J. D. Hunter |
| 304 | | Robert Mary P. | 82 F | | | | U. S. | U. S. | U. S. | | at home | March. Old fever | 57 | | J. D. Hunter |
| 334 | | Winnam Mary A. | 10 F | | | | Tenn. | Miss. | Tenn. | | Jan. | Diphtheria | 10 | | Sam'l Hunter |
| 353 | | Fisher Robert | 26 M | | | | Ark. | Ireland | Ireland | | Aug. | Cholera | 2 | | J. D. Hunter |
| 361 | | Hedge Mary R. | 2 M | | | | Miss. | England | England | | Nov. | Croup | 2 | | J. D. Hunter |
| 378 | | Gates Infant | 5 M | | | | Tenn. | Tenn. | Tenn. | | Sept. | Not known | 5 | | J. D. Hunter |
| 378 | | Gates Tom W. | 2 M | | | | Tenn. | Tenn. | Tenn. | | Oct. | Measles | 2 | | J. D. Hunter |
| 385 | | Martin Willie | 2 F | | | | Tenn. | Miss. | Miss. | | Feb. | Dropsy | 2 | | Sam'l Hunter |
| 398 | | Anderson J. W. | 44 M | | | | Tenn. | U. S. | U. S. | | June | Heart disease | 24 | | Hamilton Harris |
| 413 | | Obstain Eddie | 7 M | | | | Tenn. | Miss. | Miss. | | May | Scarlet fever | 7 | | J. M. Brant |
| 508 | | McAlexander Ida | 58 F | | | | Virginia | U. S. | U. S. | | at home | Jan. Consumption | 23 | | Charles Still |
| 530 | | Quincean Hallett | 7 M | | | | Tenn. | Ky. | Tenn. | | Dec. | Measles | 7 | | R. D. Thompson |
| Certifying that the facts on this Schedule were true to the best of my knowledge and belief, I have signed this Certificate at the City of Jackson, Tennessee, this 24th day of August, 1880. | | | | | | | | | | | | | | | S. H. McAlexander |

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.

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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. |
| 6 | Memphis | Shelby | 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. |
| 6 | Memphis | Shelby | Tenn. |

REMARKS.

R. Collins has removed to Denver, Colorado, hence not signed on back. Nov. 14/80.
In 12-these Drs having been called in, and all differing as to cause of death, neither signed.

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:

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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.

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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 on which this case is reported. | CAUSE OF DEATH. | | SIGNATURE OF THE ATTENDING PHYSICIAN. | Number of the line on which this case is reported. | CAUSE OF DEATH. | | SIGNATURE OF THE ATTENDING PHYSICIAN. | Number of the line on which this case is reported. | CAUSE OF DEATH. | | SIGNATURE OF THE ATTENDING PHYSICIAN. |
|--|----------------------|------------|---------------------------------------|--|--------------------------------|------------|---------------------------------------|--|----------------------|------------|---------------------------------------|
| | Primary. | Immediate. | | | Primary. | Immediate. | | | Primary. | Immediate. | |
| 1 | Correctly stated | | J. L. Taylor | 13 | | | | 25 | Dysentery | | J. L. Taylor |
| 2 | | | R. D. Thompson | 14 | | | | 26 | Access of Liver | | J. L. Taylor |
| 3 | Dysentery | | R. D. Thompson | 15 | Galanis infection | | R. D. Thompson | 27 | Dysentery | | J. L. Taylor |
| 4 | Pneumonia | | R. D. Thompson | 16 | | | | 28 | Wid. at line | | J. L. Taylor |
| 5 | | | Physician unknown | 17 | Supposed to be Case of Suicide | | J. L. Taylor | 29 | Dropy (Membranous) | | J. L. Taylor |
| 6 | | | | 18 | | | | 30 | Dropy | | J. L. Taylor |
| 7 | | | | 19 | Chorea | | J. L. Taylor | 31 | Thrombosis of Artery | | J. L. Taylor |
| 8 | Typho Malarial Fever | | R. D. Thompson | 20 | Unusual Complaint | | R. D. Thompson | 32 | Pericarditis | | J. L. Taylor |
| 9 | Enteric Colitis | | R. D. Thompson | 21 | Correctly stated | | R. D. Thompson | 33 | | | |
| 10 | Dysentery | | J. L. Taylor | 22 | Suppuration | | J. L. Taylor | 34 | Dropy Membranous | | R. D. Thompson |
| 11 | Corruption | | R. D. Thompson | 23 | Still Born | | J. L. Taylor | 35 | | | |
| 12 | | | | 24 | Old Age | | J. L. Taylor | 36 | | | |

Lines 3-7 & 8 are not signed by the physicians indicated on the other side - I sent around for them three days and was not able to come up with them; they being away about from their offices when ever I called

Page No.

Supervisor's Dist. No.

Enumeration Dist. No.

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

Note B.—In making entries in columns 6, 7, and 8, an affirmative mark only will be used, thus /, except in the

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

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

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

Madison, State of Tennessee

and by me in the City of Jackson.
J. W. Sharp, Examiner.

Enumerator.

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[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:

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

| Number of the line upon which the case is reported above. | Place where the family of the deceased resided June 1, 1880. | | | Number of the line upon which the case is reported above. | Place where the death occurred. | | |
|---|--|---------|--------|---|---------------------------------|---------|--------|
| | Town. | County. | State. | | Town. | County. | State. |
| | | | | 19 | Little Rock | | Ark. |
| | | | | 24 | | Maywood | Ill. |

REMARKS.

Mr. J. S. Jones is absent from the city and his certificate can not be obtained
J. H. H.

J. H. Sharp
Emmenceton

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 palsy is understood. Distinguish between acute and chronic bronchitis, acute and chronic dysentery or diarrhoea, acute and chronic rheumatism. Report cerebro-spinal

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

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

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

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

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

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

| Number of the line upon which this case is reported. | CAUSE OF DEATH. | | SIGNATURE OF THE ATTENDING PHYSICIAN. | Number of the line upon which this case is reported. | CAUSE OF DEATH. | | SIGNATURE OF THE ATTENDING PHYSICIAN. | Number of the line upon which this case is reported. | CAUSE OF DEATH. | | SIGNATURE OF THE ATTENDING PHYSICIAN. |
|--|---------------------|---------------------|---------------------------------------|--|-----------------|-----------------|---------------------------------------|--|-------------------|-------------------|---------------------------------------|
| | Primary. | Immediate. | | | Primary. | Immediate. | | | Primary. | Immediate. | |
| 1 | | | | 13 | | | | 25 | Consumption | Consumption | J. B. Harris |
| 2 | Pneumonia | Pneumonia | J. B. Harris | 14 | Child birth | Puerperal fever | J. B. Harris | 26 | Consumption | Consumption | J. B. Harris |
| 3 | Bright's disease | Bright's disease | J. B. Harris | 15 | | | | 27 | Malarial fever | Malarial fever | J. B. Harris |
| 4 | Consumption | Child Consumption | J. B. Harris | 16 | | | | 28 | Child Consumption | Child Consumption | J. B. Harris |
| 5 | | | | 17 | | | | 29 | | | |
| 6 | Measles | Suppurative | J. B. Harris | 18 | Measles | Measles | J. B. Harris | 30 | | | |
| 7 | Malarial fever | Malarial fever | J. B. Harris | 19 | | | | 31 | | | |
| 8 | Child Consumption | Consumption | J. B. Harris | 20 | Pneumonia | Pneumonia | J. B. Harris | 32 | | | |
| 9 | Child Consumption | Consumption | J. B. Harris | 21 | Cancer of Womb | Cancer of Womb | J. B. Harris | 33 | | | |
| 10 | | | | 22 | | | | 34 | | | |
| 11 | Amputation of leg | Amputation of leg | J. B. Harris | 23 | | | | 35 | | | |
| 12 | Amputation of brain | Amputation of brain | J. B. Harris | 24 | | | | 36 | | | |

Page No. 2

Supervisor's Dist. No. 5

Enumeration Dist. No. 101

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 _____, in the County of _____, State of _____.

Enumerator. H. I.

| 1. Name of the person deceased. | 2. Personal Description. | | | 3. What was the civil condition of the person when died? | | 4. NATIVITY. | | | 5. Profession, Occupation, or Trade. | | 6. Time, month, day, year, the person died. | | 7. Cause or cause of death. | | 8. If this disease was of long standing, state its duration. | | 9. Name of attending Physician. | |
|---------------------------------|--------------------------|------|--------|--|------------|--|---|---|--|--|--|--|--|--|--|--|--|--|
| | Age. | Sex. | Color. | Married. | Unmarried. | Place of birth of this person, naming the State or Territory, or the U. S., or the country, if foreign born. | Where was the father of this person born? As in column 6. | Where was the mother of this person born? As in column 6. | Not to be recorded, except in cases under 16 years of age. | Not to be recorded, except in cases under 16 years of age. | Not to be recorded, except in cases under 16 years of age. | Not to be recorded, except in cases under 16 years of age. | Not to be recorded, except in cases under 16 years of age. | Not to be recorded, except in cases under 16 years of age. | Not to be recorded, except in cases under 16 years of age. | Not to be recorded, except in cases under 16 years of age. | Not to be recorded, except in cases under 16 years of age. | Not to be recorded, except in cases under 16 years of age. |
| 1. Englander L. | 41 | M | W | / | | Leinn. | | | Store Keeper | Left Head & Design | | | | | | | J. M. Brannock | |
| 2. Brooks Deboah | 40 | F | B | / | | Leinn. | | | Servant | Wag Head & Design | | | | | | | J. L. Jones | |
| 3. Berry | 1 | F | B | / | | Leinn. | | | Left. Chron. Diarrhica | | | | | | | | B. K. Harris | |
| 4. Rushing | 31 | M | W | / | | Leinn. | | | Store Keeper | Left. Chron. Diarrhica | | | | | | | J. M. Brannock | |
| 5. Solomon D. J. | 30 | M | W | / | | Leinn. | | | Left. Chron. Diarrhica | | | | | | | | | |
| 6. John Herrmick | 7 | M | W | / | | Leinn. | | | School Boy | Left. Malarial Fever | | | | | | | | |
| 7. Born Mary L. | 24 | F | W | / | | Leinn. | | | Left. Malarial Fever | | | | | | | | B. K. Harris | |
| 8. Miles Ethel | 16 | F | B | / | | Leinn. | | | Left. Malarial Fever | | | | | | | | J. L. Jones | |
| 9. Mc Gory Annie | 17 | F | B | / | | Leinn. | | | Servant | Wag Head & Design | | | | | | | | |
| 10. Johnson Lena | 14 | F | W | / | | Leinn. | | | School Girl | Wag Head & Design | | | | | | | | |

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 included 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 family to which the deceased belonged at date of death. _____

Place where the family to which the deceased belonged 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 family to which the deceased belonged at date of death. _____

Place where the death occurred. _____

Town. _____ County. _____ State. _____

REMARKS.

Supervisor's Dist: No. 5
Enumeration Dist: No. 102

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 *Sixteenth District*, in the County of *Madison*, State of *Illinois*, *John W. Bassett*. Enumeration *8148*

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

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

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

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

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

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

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

| | | | |
|----|---------|-------|-------|
| 24 | William | Wells | Wells |
| 24 | William | Wells | Wells |
| 14 | William | Wells | Wells |

REMARKS

Matt. Cornell (Colored), was cook at John Youngs residence at the time she was confined and died there or near there.
Frances Allen (an A.O.) Died with Pneumonia (the immediate cause) and Chronic Nivrons disease during the winter of 1891-2. I will not say less of her ordinary health.
The last two months of her life were taken after the last cards of daily reports were mailed.
Dr. John Cook is in Virginia. Drs. Pet and Pease were absent in the country. Bright in Exodville, O.
Dr. Caldwell of the same place as Dr. Pease, said not have time to see her. Dr. Weather
Primary cause of Emily's death was weakness from Chronic form of
Tuberculosis of the Lungs. As stated by Dr. Pease.

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-Form on which this case is reported. | CAUSE OF DEATH | | Number of the line on Schedule-Form on which this case is reported. | CAUSE OF DEATH | | Number of the line on Schedule-Form on which this case is reported. | CAUSE OF DEATH | | Number of the line on Schedule-Form on which this case is reported. | CAUSE OF DEATH | |
|---|----------------|------------|---|--------------------|------------|---|----------------|------------|---|----------------|--|
| | Primary. | Immediate. | | Primary. | Immediate. | | Primary. | Immediate. | | | |
| 1 | | | 13 | | | 25 | | | 37 | | |
| 2 | | | 14 | Chills, 12, 13, 14 | | 26 | | | 38 | | |
| 3 | | | 15 | | | 27 | | | 39 | | |
| 4 | | | 16 | | | 28 | | | 40 | | |
| 5 | | | 17 | | | 29 | | | 41 | | |
| 6 | | | 18 | | | 30 | | | 42 | | |
| 7 | | | 19 | | | 31 | | | 43 | | |
| 8 | | | 20 | | | 32 | | | 44 | | |
| 9 | Dysentery | | 21 | crackling rales | | 33 | | | 45 | | |
| 10 | " | | 22 | | | 34 | | | 46 | | |
| 11 | " | | 23 | P. pneumonia | | 35 | | | 47 | | |
| 12 | " | | 24 | Ch. pneumonia | | 36 | | | 48 | | |

Page No. 1

Supervisor's Dist. No. 5

Enumeration Dist. No. 403

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 77 North East in the County of Madison, State of Tennessee.

W. J. P. P. Enumerator. 141

| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. | 16. | 17. |
|------------------------------|-----|-----|-------|---------|--------|---------|----------|---|---|--|----------------------------------|-------------------------------------|----------------------------|---------------|---|------------------------------|
| | | | | | | | | | | | | | | | | |
| Name of the person deceased. | Sex | Age | Color | Married | Single | Widowed | Divorced | Place of birth of this person, naming the State or Territory of the country, and 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. | Age at death. | If the disease was not contagious, place of death, state the place. | Name of attending Physician. |
| 6 Whitman, R. L. | M | 15 | W | 1 | | | | Tennessee | Albany | Tenn | Former | Feb | Pneumonia | 45 | | D. B. Hamilton |
| 11 Mills, E. W. | M | 77 | W | 1 | | | | Georgia | Albany | N. C. | Former | April | Pneumonia | 45 | | D. B. Hamilton |
| 17 Bond, Joseph H. | M | 72 | W | 1 | | | | Tennessee | Albany | Tenn | Former | August | Scrophulous Brain | 72 | | D. B. Hamilton |
| 18 Russell, S. M. | M | 78 | W | 1 | | | | Georgia | Albany | N. C. | Former | May | Scrophulous Brain | 47 | | D. B. Hamilton |
| 33 Bann, J. A. | M | 4 | W | 1 | | | | Tennessee | Albany | Tenn | at home | August | Scrophulous Brain | 4 | | D. B. Hamilton |
| 38 Day, John | M | 57 | W | 1 | | | | Tennessee | Albany | Tenn | at home | April | Scrophulous Brain | 4 | | D. B. Hamilton |
| 60 Storer, A. H. | M | 42 | W | 1 | | | | Tennessee | Albany | Tenn | at home | Feb | Scrophulous Brain | 42 | | D. B. Hamilton |
| 78 Allen, Mary, E. T. | F | 2 | W | 1 | | | | Tennessee | Albany | Tenn | at home | August | Scrophulous Brain | 2 | | D. B. Hamilton |
| 79 Nelson, Geo. | M | 67 | W | 1 | | | | Georgia | Albany | Tenn | at home | July | Scrophulous Brain | 6 | | D. B. Hamilton |
| 81 Thomas, Boy | M | 72 | W | 1 | | | | Tennessee | Albany | Tenn | at home | Feb | Scrophulous Brain | 72 | | D. B. Hamilton |
| 86 Taylor, Sam | M | 6 | W | 1 | | | | Tennessee | Albany | Tenn | at home | Feb | Scrophulous Brain | 6 | | D. B. Hamilton |
| 89 Johnson, James | M | 76 | W | 1 | | | | Georgia | Albany | N. C. | Former | April | Old age | 65 | | D. B. Hamilton |
| 91 May, Elizabeth | F | 37 | W | 1 | | | | Tennessee | Albany | N. C. | at home | July | Consumption | 37 | | D. B. Hamilton |
| 96 Jackson, Alice | F | 20 | W | 1 | | | | Tennessee | Albany | Tenn | at home | March | Pneumonia | 20 | | D. B. Hamilton |
| 97 Hart, Linn | M | 2 | W | 1 | | | | Tennessee | Albany | Tenn | at home | July | Scrophulous Brain | 2 | | D. B. Hamilton |
| 100 Hart, L. P. | M | 51 | W | 1 | | | | Georgia | Albany | N. C. | Former | Oct | Scrophulous Brain | 47 | | D. B. Hamilton |
| 98 Harper, Mary, C. | F | 28 | W | 1 | | | | Tennessee | Albany | Tenn | at home | May | Scrophulous Brain | 28 | | D. B. Hamilton |
| 102 Hart, Sarah L. | F | 2 | W | 1 | | | | Tennessee | Albany | Tenn | at home | July | Scrophulous Brain | 2 | | D. B. Hamilton |
| 104 Kendrick, James | M | 58 | W | 1 | | | | Georgia | Albany | N. C. | Former | March | Pneumonia | 57 | | D. B. Hamilton |
| 105 Cook, James, C. | M | 52 | W | 1 | | | | Tennessee | Albany | Tenn | Former | May | Scrophulous Brain | 28 | | D. B. Hamilton |
| 113 Mills, Maria H. | F | 4 | W | 1 | | | | Tennessee | Albany | Tenn | at home | Feb | Scrophulous Brain | 4 | | D. B. Hamilton |
| 125 Whitman, Judy | F | 72 | W | 1 | | | | Tennessee | Albany | Tenn | at home | July | Scrophulous Brain | 72 | | D. B. Hamilton |
| 135 Mason, Oda | F | 1 | W | 1 | | | | Tennessee | Albany | N. C. | at home | Feb | Scrophulous Brain | 1 | | D. B. Hamilton |
| 142 Williams, W. A. | M | 52 | W | 1 | | | | Tennessee | Albany | Tenn | Former | April | Pneumonia | 52 | | D. B. Hamilton |
| 146 Parham, W. A. | M | 67 | W | 1 | | | | Georgia | Albany | Tenn | Former | Feb | Pneumonia | 41 | | D. B. Hamilton |
| 152 Hallen, George | M | 1 | W | 1 | | | | Tennessee | Albany | Tenn | at home | June | Scrophulous Brain | 1 | | D. B. Hamilton |
| 157 Hathcock, M. A. | F | 19 | W | 1 | | | | Georgia | Albany | N. C. | Former | June | Scrophulous Brain | 19 | | D. B. Hamilton |
| 163 Holaway, Girl | F | 30 | W | 1 | | | | Tennessee | Albany | Tenn | at home | Feb | Scrophulous Brain | 30 | | D. B. Hamilton |
| 167 Jones, Girl | F | 72 | W | 1 | | | | Tennessee | Albany | Tenn | at home | Feb | Scrophulous Brain | 72 | | D. B. Hamilton |
| 170 Bell, Mary | F | 2 | W | 1 | | | | Tennessee | Albany | Tenn | at home | Feb | Scrophulous Brain | 2 | | D. B. Hamilton |
| 178 Ayres, George | M | 1 | W | 1 | | | | Tennessee | Albany | Tenn | at home | Feb | Scrophulous Brain | 1 | | D. B. Hamilton |
| 179 Thomas, John | M | 3 | W | 1 | | | | Tennessee | Albany | Tenn | at home | Feb | Scrophulous Brain | 3 | | D. B. Hamilton |
| 181 Jones, Mary | F | 3 | W | 1 | | | | Tennessee | Albany | Tenn | at home | Feb | Scrophulous Brain | 3 | | D. B. Hamilton |
| 192 Green, John | M | 6 | W | 1 | | | | Tennessee | Albany | Tenn | at home | Feb | Scrophulous Brain | 6 | | D. B. Hamilton |
| 207 Marshall, G. | M | 7 | W | 1 | | | | Tennessee | Albany | Tenn | at home | Feb | Scrophulous Brain | 7 | | D. B. Hamilton |
| 201 Collier, George | M | 75 | W | 1 | | | | Tennessee | Albany | Tenn | at home | Feb | Scrophulous Brain | 75 | | D. B. Hamilton |

Note B.—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 included 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 the enumeration district, and the families to which the deceased belonged, resided June 1, 1880, in the enumeration district, as follows:

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

Place where the 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.

14a Stillman Street, very bad, and no one there.

Page No. 2

Supervisor's Dist: No. 5

Enumeration Dist: No. 103

[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 17th Civil Dist in the County of

Madison

State of Tennessee

W. D. Barham, Enumerator.

| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. | 16. | 17. |
|------------------------------|------|------|--------|----------|---------|----------|---------|---|--|---|-----------------------------------|-------------------------------------|--------------------------|--|--|------------------------------|
| Name of the person deceased. | Sex. | Age. | Color. | Married. | Single. | Married. | Single. | Place of birth of this person, naming the State or Territory of the U.S., or the country, if not a native-born. | When was the birth of this person? As to month and year. | Where was the birth of this person? As to county. | Profession, occupation, or trade. | The month in which the person died. | Place or cause of death. | How long a resident of this county at the time of death. | If the disease was not contracted at the place of death, name the place. | Name of attending Physician. |
| 203 Sanford Walth | 2 | m | B | | | | | Tenn | June | Ky | | July | accident shot by mch | 2 | | J. H. McCoy |
| 204 Collier Cabin | 33 | m | B | | | | | | Feb | Feb | From Lebanon | May | Diphtheria | 33 | | J. H. McCoy |
| 205 Jones S J | 2 | f | B | | | | | | | | | March | Pneumonia | | | J. H. McCoy |
| 215 Cooper Mary | 6 | f | B | | | | | Ky | Ky | Ky | From | June | Consumption | 6 | Ky | J. H. McCoy |
| 221 Williams Alice | 4 | f | B | | | | | Tenn | June | Feb | | August | Flint | 4 | | J. H. McCoy |
| 222 McE B J | 38 | m | B | | | | | Tenn | June | June | | March | Consumption | 38 | | J. H. McCoy |
| 229 Brooks M. J. | 6 | f | B | | | | | Tenn | June | June | | June | Consumption | 6 | | J. H. McCoy |
| 231 Cook Rachel | 25 | f | B | | | | | Tenn | June | June | | June | Consumption | 25 | | J. H. McCoy |
| 48 Brown Martha | 76 | f | B | | | | | Tenn | June | June | | June | Consumption | 76 | | J. H. McCoy |
| 151 William Boy | 9 | m | B | | | | | Tenn | June | June | | June | Consumption | 9 | | J. H. McCoy |
| Shell Maria | 70 | f | B | | | | | Tenn | June | June | | June | Consumption | 70 | | J. H. McCoy |
| Monie | 5 | f | B | | | | | Tenn | June | June | | June | Consumption | 5 | | J. H. McCoy |
| Jason Wills | 30 | m | B | | | | | Tenn | June | June | | June | Consumption | 30 | | J. H. McCoy |
| Simpton W | 3 | m | B | | | | | Tenn | June | June | | June | Consumption | 3 | | J. H. McCoy |
| Grerman Mary | 25 | f | B | | | | | Tenn | June | June | | June | Consumption | 25 | | J. H. McCoy |
| Franklin | 2 | m | B | | | | | Tenn | June | June | | June | Consumption | 2 | | J. H. McCoy |
| Robinson | 1 | m | B | | | | | Tenn | June | June | | June | Consumption | 1 | | J. H. McCoy |

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

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

Town. County. State.

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

Place where the death occurred.

Town. County. State.

REMARKS.