

Page No.

Supervisor's Dist: No. 3

Enumeration Dist: No. 134

(7-222.)

Recd.

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 *Marshall*, State of *Tennessee*, *J. M. Linn*, in the County of *Marshall*, State of *Tennessee*, *J. M. Linn*, Enumerator. *134*

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
58	Linsley, W. S.	16	W	M	1			Tenn.	Tenn.	Tenn.	Marshall Co. Tenn.	Wagon		16		W. A. Darnall
47	Rice, Mary E.	45	W	F				86	86	86	Reaping House, Tenn.	Consumption		80		W. A. Darnall
49	Linsley, P. C.	2	W	M	1			Tenn.	Tenn.	Tenn.				72		W. A. Darnall
66	Marshall, W. H.	68	M	M	1			Tenn.	42	11	Marshall Co. Tenn.	Iron works		68		L. L. Munn

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	Deatsburg	Marshall	Tenn.
2	Deatsburg	Marshall	Tenn.
3	Deatsburg	Marshall	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.
1	Deatsburg	Marshall	Tenn.
2	"	Marshall	Tenn.
3	"	Marshall	Tenn.

REMARKS.

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 *Marshall*, in the County of *Marshall*, State of *Arkansas*.

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.	Divorced.	Widowed.	Place of birth at this person, within the State or Territory of the U.S., or the country, if of foreign birth.	Where was the Father of this person born? As in column 9.	Where was the Mother of this person born? As in column 10.	Profession, Occupation or Trade.	The month in which the person died.	Disease or cause of death.	How long a resident of the county in which the death occurred.	If this disease was not contracted at place of death, state the place.	Name of attending Physician.
41 Gordon A. H.	M	36	W	/				Irish	Ireland	Ireland	Bookkeeper	July	Consumption	36		Dr. Condon
25 Wright Conate	M	58	W	/				W. C.	W. C.	W. C.	Farmer	Jan.	Apoplexy	50		Dr. E. Condon
22 Cannon Ethel	F	20	W	/				Irish	Ireland	Ireland	Jan.	Jan.	Consumption	22		Dr. E. Condon
21 Halliday J. D.	M	35	W	/				Irish	Ireland	Ireland	Jan.	Jan.	Consumption	22		Dr. E. Condon
20 McClellan A.	M	72	W	/				Irish	Ireland	Ireland	Nov.	Nov.	Consumption	72		None
19 Smith J. A.	M	33	W	/				Irish	Ireland	Ireland	Sept.	Sept.	Consumption	33		Dr. E. Condon
18 Brooks Baby	F	5	W	/				Irish	Ireland	Ireland	Nov.	Nov.	Consumption	5		Dr. Smith
17 Watson Infant	F	5	W	/				Irish	Ireland	Ireland	Apr.	Apr.	Still Born	5		Dr. Condon
16 Redmond C.	M	12	W	/				Irish	Ireland	Ireland	Aug.	Aug.	Scrophulous	12		Dr. Condon
15 Stuchell A. W.	M	38	W	/				Irish	Ireland	Ireland	Aug.	Aug.	Consumption	38		Dr. Condon
14 Bells Sarah	F	48	W	/				Irish	Ireland	Ireland	Nov.	Nov.	Consumption	48		Dr. Condon
13 Cunningham Baby	F	5	W	/				Irish	Ireland	Ireland	Aug.	Aug.	Consumption	5		Dr. Condon
12 McElroy J. D.	M	23	W	/				Irish	Ireland	Ireland	Nov.	Nov.	Consumption	23		Dr. Condon
11 Lewis Charles	M	18	W	/				Irish	Ireland	Ireland	Jan.	Jan.	Scrophulous	18		Dr. Condon
10 Gales Mary	F	19	W	/				Irish	Ireland	Ireland	Nov.	Nov.	Consumption	19		Dr. Condon
9 Hanks J. D.	M	12	W	/				Irish	Ireland	Ireland	Nov.	Nov.	Consumption	12		None
8 Hanks W. C.	M	66	W	/				Irish	Ireland	Ireland	Nov.	Nov.	Consumption	66		Dr. Condon
7 Broadway Infant	F	5	W	/				Irish	Ireland	Ireland	Sept.	Sept.	Still Born	5		Dr. Condon
6 Willis James D.	M	27	W	/				Irish	Ireland	Ireland	Sept.	Sept.	Consumption	27		Dr. Condon
5 Lewis	M	46	W	/				Irish	Ireland	Ireland	Sept.	Sept.	Consumption	46		Dr. Condon

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.

14. Petesville Lincoln Illinois

16. Littleville Davidson North Carolina

19. Springplace Marshall Virginia

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 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			
2				14				26			
3				15				27			
4				16				28			
5				17				29			
6				18				30			
7				19				31			
8				20				32			
9				21				33			
10	<i>Stomach and spleen</i>	<i>Cholera</i>	<i>J. B. Leonard</i>	22				34			
11				23				35			
12				24				36			

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Supervisor's Dist: No. 1

Enumeration Dist: No. 1

[7-222]

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

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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 *1000* **in the County of** *1000* **State of** *1000*

Enumerator. *162*

Enumerated in 1902																				
Name of the person deceased.			Personal Description.		What was the civil condition of the person who died?			Nativity.			Profession, Occupation or Trade.		The month in which the person died.		Disease or cause of death.		If the disease was not contracted at place of death, state the place.		Name of attending Physician.	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.				
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18	18	18	18	18	18	18	18	18	18	18	18
✓	John A. Smith	18	M	W	✓			18	18											

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.

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

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

Number of the line upon which this 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.

John A. Smith died of consumption at his home in the town of 1000, county of 1000, State of 1000, on the 10th day of 1000, 1880.

INSTRUCTIONS.

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

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

Make sure that the distinction between apoplexy, epilepsy, and paralysis is understood. Distinguish between acute and chronic bronchitis, acute and chronic dysentery or 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.

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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 reverse side 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.	Number of the line on Schedule upon which this case is reported.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.		
1	Liver		W.C. Ransom	13	Heart		W.C. Ransom	25	Heart		W.C. Ransom	37
2	Heart		W.C. Ransom	14	Heart		W.C. Ransom	26	Heart		W.C. Ransom	38
3	Heart		W.C. Ransom	15	Heart		W.C. Ransom	27	Heart		W.C. Ransom	39
4	Heart		W.C. Ransom	16	Heart		W.C. Ransom	28	Heart		W.C. Ransom	40
5	Heart		W.C. Ransom	17	Heart		W.C. Ransom	29	Heart		W.C. Ransom	41
6	Heart		W.C. Ransom	18	Heart		W.C. Ransom	30	Heart		W.C. Ransom	42
7	Heart		W.C. Ransom	19	Heart		W.C. Ransom	31	Heart		W.C. Ransom	43
8	Heart		W.C. Ransom	20	Heart		W.C. Ransom	32	Heart		W.C. Ransom	44
9	Heart		W.C. Ransom	21	Heart		W.C. Ransom	33	Heart		W.C. Ransom	45
10	Heart		W.C. Ransom	22	Heart		W.C. Ransom	34	Heart		W.C. Ransom	46
11	Heart		W.C. Ransom	23	Heart		W.C. Ransom	35	Heart		W.C. Ransom	47
12	Heart		W.C. Ransom	24	Heart		W.C. Ransom	36	Heart		W.C. Ransom	48

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1880 148 8 40

Supervisor's Dist. No. 3

Enumeration Dist. No. 138

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 Union, in the County of Union, State of Tennessee.

Enumerator. 15

Name of the person deceased.	Personal Description.			What was the final condition of the person who died?	NATIVITY			Profession, Occupation or Trade.	The month in which the person died.	Disease or cause of death.	Age at death.	If the disease was not contracted at place of death, state the place.	Name of attending Physician.
	Age at death.	Sex.	Color.		Place of birth of this person, naming the State or Territory of the U. S., or the country, if not a native-born.	Where was the father of this person born? As in column 9.	Where was the mother of this person born? As in column 10.						
1. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
2. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
3. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
4. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
5. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
6. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
7. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
8. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
9. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
10. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
11. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
12. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
13. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
14. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
15. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
16. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
17. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
18. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
19. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
20. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
21. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
22. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
23. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
24. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
25. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
26. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
27. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
28. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
29. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
30. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
31. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
32. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
33. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
34. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
35. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		
36. <u>W. H. H. H.</u>	18	M	B	/	Tennessee	Tennessee	Tennessee	Farmer	June	Consumption	18		

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 care, seeking every source of information. When a positive statement is impossible, as when an age can only be estimated, or a 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.

Deceased not attended the other line as it had not been convenient to get his name but told me it was Pennsylvania

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, &c., specify the organ or part affected, as iliac abscess, abscess of liver; febrile aneurism, carbuncle on lip; cancer of breast, cancer of uterus, cancer of face; dropsy of chest, dropsy of abdomen; inflammation of brain, inflammation of liver; tumor of neck, tumor of abdomen; ulcer of face, ulcer of groin, &c. Typhus, typhoid, and typho-malarial fevers should be carefully distinguished. Especial inquiry should be made for cases of "still-births," including infants born dead from whatever cause. As few deaths as possible should be reported under such general terms as disease of the throat, disease of the brain, disease of the liver, disease of the lungs, disease of the bowels, disease of the spine, &c. These should, as far as possible, be reported under special heads.

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

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

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

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

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

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

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

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

Page No.

Supervisor's Dist: No. 3

Enumeration Dist: No. 139

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 *8th Civil District*, in the County of *Marshall*, State of *Tennessee*.

Enumerator *W. C. Williams*

Name of the person deceased.	Personal Description.	What was the civil condition of the person who died?	Native?	Place of birth of this person, naming the State or Territory of the U. S., or the country, if a foreign birth.	Where was the father of this person born? As in column 10.	What was the mother of this person born? As in column 11.	Profession, occupation, or trade.	Not to be asked if the person is under 10 years of age.	Time of death.	Place or cause of death.	How long a resident of the county or township in which he died.	Was the disease not contracted in place of death, or the place?	Name of attending Physician.
<i>Smith Linda</i>	<i>70 F W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>Feb</i>	<i>Paralysis of right side</i>	<i>at home</i>	<i>40</i>	<i>at home</i>	<i>Wormack & Johnson</i>
<i>No name</i>	<i>8 F W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>May</i>	<i>at home</i>	<i>at home</i>	<i>1 day</i>	<i>at home</i>	<i>Williams</i>
<i>Vanhook Abraham</i>	<i>3 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>Feb</i>	<i>at home</i>	<i>at home</i>	<i>1 day</i>	<i>at home</i>	<i>Williams</i>
<i>Smith Thomas</i>	<i>69 F W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>Oct 20</i>	<i>at home</i>	<i>at home</i>	<i>60</i>	<i>at home</i>	<i>Williams</i>
<i>Holt R. B.</i>	<i>42 F W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>May</i>	<i>at home</i>	<i>at home</i>	<i>1 day</i>	<i>at home</i>	<i>Williams</i>
<i>Johnson J. B.</i>	<i>7 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>Feb</i>	<i>at home</i>	<i>at home</i>	<i>1 day</i>	<i>at home</i>	<i>Williams</i>
<i>Wright J. B.</i>	<i>70 F W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>May</i>	<i>at home</i>	<i>at home</i>	<i>1 day</i>	<i>at home</i>	<i>Williams</i>
<i>Lee Edwin</i>	<i>5 F W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>May</i>	<i>at home</i>	<i>at home</i>	<i>1 day</i>	<i>at home</i>	<i>Williams</i>
<i>Wright J. B.</i>	<i>53 F W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>40</i>	<i>at home</i>	<i>Williams</i>
<i>Williamson Mary</i>	<i>65 F B</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>20</i>	<i>at home</i>	<i>W. Martin</i>
<i>Williamson Alice</i>	<i>18 F B</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Williamson R. B.</i>	<i>12 M B</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson Angeline</i>	<i>1 M B</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>7</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
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<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
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<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
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<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
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<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>
<i>Johnson R. B.</i>	<i>23 M W</i>	<i>/</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Refusing house</i>	<i>March</i>	<i>at home</i>	<i>at home</i>	<i>10</i>	<i>at home</i>	<i>W. Martin</i>

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 region of neck, &c.* So also for abscess, aneurism, cancer, carbuncle, dropsy, tumor, ulcer, specify the organ or part affected, as *abscess of liver; femoral aneurism; carbuncle on hip; cancer of breast, cancer of uterus, cancer of ovary; 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 unalloyed 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				13				25			
2				14				26			
3				15				27			
4				16				28			
5				17				29			
6				18				30			
7				19				31			
8				20				32			
9				21				33			
10				22				34			
11				23				35			
12				24				36			

Report

I Certify that the ~~last~~ Causes of Death of The Mortuary are opposite hereto
 Correct, so far as those that have my signature, as attending physician, C. P. H. H. H. H.

Page No. 17
 Supervisor's Dist: No. 3
 Enumeration Dist: No. 140

Note A.—The Census Year begins June 1, 1879, and ends May 31, 1880.
 Note B.—In making entries in columns 7, 8, and 9, 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 15, state 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 Enumeration district, in the County of

Marshall State of Illinois Jos. F. Ferguson

Enumerator.

Name of the person deceased.	Age at last birthday, or under a year, give month and day for those under a year.	Sex.	Personal Description.	What was the civil condition of the person when he died?	NATIVITY.	Place of birth of this person, naming the State or Territory or the U. S., or the country, if not known 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.	If the disease was not ascertained, state the place.	Name of attending Physician.
9 Lewis (Infant)	10 M B	/			Linn	Va	Linn	Linn	Aug	Sept	Bronchitis		
24 O'Brien John	2 M B	/			Linn	Linn	Linn	Linn	Dec	Nov	Pneumonia		
25 O'Brien (Infant)	7 F B	/			Linn	Linn	Linn	Linn	Dec	Nov	Pneumonia		
27 Coleman Saml	30 F B	/			Linn	N C	N C	N C	House Keeper	July	Consumption	30	R. A. Polghe
31 Bruliano (Infant)	7 M B	/			Linn	Linn	Linn	Linn	April	April	Whooping Cough	72	
34 Buchanan Moore	44 F W	/			Linn	N C	Va	Va	House Keeper	June	Spinal Disease	44	J. M. Boyd
103 Morris Heasty	9 F B	/			Linn	Linn	Linn	Linn	July	July	Pneumonia	9	William Sullivan
712 Puckett Linda	22 F B	/			Linn	Linn	Linn	Linn	House Keeper	July	Dropsy	72	James Norton
116 Reynolds Belle L.	48 F B	/			Linn	Linn	Linn	Linn	House Keeper	Nov	Whooping Cough	28	Boyd & Polghe
118 Reynolds Has (Infant)	7 M B	/			Linn	Linn	Linn	Linn	Nov	Nov	Whooping Cough	16	Boyd & Polghe
123 Ely E	19 M W	/			Linn	Va	N C	N C	Farmer	July	Pneumonia	19	Dr. W. M. Sullivan
126 Ely (Infant)	3 M B	/			Linn	Linn	Linn	Linn	April	April	Pneumonia		James Sullivan
Hardison Ben	30 M B	/			Linn	Linn	Linn	Linn	Farmer	July	Pneumonia	70	W. P. Woodall
Summ Man	35 F W	/			Linn	Linn	Linn	Linn	House Keeper	June	Whooping Cough		Ely

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 the 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. 18 Lipka Unknown Kansas

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. 18 Lipka Unknown Kansas

REMARKS.

Has Frank M. Paul
 Supervisor of Census been his son Boyd & son Polghe are not citizens of my district but live in Henry County so far from me so I do them without considerable inconvenience to my self. This June 25th 1880
Jos. F. Ferguson
 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.

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

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

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

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

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

Number of the line on preceding column in which the case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on preceding column in which the case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on preceding column in which the case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	Pneum.			12	Pneumonia	Immune	N. P. Woodall	35			
2	Diphtheria			13				36			
3	Pneumonia			14				37			
4	Consumption			15				38			
5	Whooping Cough			16				39			
6	Scarlet fever			17				40			
7	Pneumonia			18				41			
8	Dropsy			19				42			
9	Unnatural death			20				43			
10	Born dead			21				44			
11	Pneumonia			22				45			
12	Born before time			23				46			

INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

Number of the line on Schedule upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule upon which this case is reported.
	Primary.	Immediate.			Primary.	Immediate.		
1	Consumption	Consumption	J. J. Patterson	13	Consumption		J. A. Colvin	25
2	Scarfeula		J. J. Patterson	14	scarfeula of throat		J. A. Colvin	26
3	Consumption	Consumption	W. Keil	15	Lung cancer		J. A. Colvin	27
4	Scarfeula			16	Cancer of throat		W. R. Marshall	28
5				17	Unknown			29
6	Pneumonia		W. R. Marshall	18	Unknown			30
7	Pneumonia	Bronchitis	W. R. Marshall	19	Lepthemia		G. C. Jordan	31
8	Pneumonia			20	Lepthemia		J. A. Colvin	32
9	Consumption		J. J. Patterson	21	suicide	Mania	W. R. Marshall	33
10	Consumption		J. J. Patterson	22				34
11	Dropsy		J. A. Colvin	23				35
12	Fever		W. R. Marshall	24				36

Supervisor's Dist: No.

Enumeration Dist: No.

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

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

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

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

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in the 1st Civil District in the County of Marshall, State of Tennessee.

Enumerator

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.

21. 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, 9, 30, 10, 12, occurred in the counties of, respectively, 1st, 2nd, 3rd and 4th, of the township to which the deceased belonged, people 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and of the congregation district, is 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, 1980

Town of _____

Number of the
line upon
which the case
is reported

Place where the death occurred:

—

REMARKS

Page No. 1

Supervisor's Dist: No. 3

Enumeration Dist: No. 143

[2-222.]

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 *West Civil List*, in the County of *Marshall*, State of *Tenn.*

Enumerator: *W. H. Melch*

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 (if under 1 year) give months and days; if under 1 month, give days.	Sex.	Color.	White (W), Black (B), Indian (I), or other (O).	Single.	Married.	Divorced (D).	Place of birth of this person, naming the State or Territory or this 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 11.	Profession, occupation or trade.	Time month in which the person died.	Disease or cause of death.	How long a resident of the county? (If less than 1 year, give months and days.)	If the disease was not contracted where of death, state the place.	Name of attending Physician.
41 <i>Living Hammett</i>	125	F	B					Virginia			Keeping house	Feb	old Age	40		None
25 <i>Green, Thos</i>	64	M	W					Tenn	N. C.	N. C.	Harmer	Dec	Apoplexy	45		Allen, Thos
36 <i>Henry, Wm S</i>	1	F	B					Tenn	Tenn	Tenn	Harmer	Aug	Cholera & Hantton	1		Widder, J. R.
43 <i>London, Joseph</i>	20	M	B					Tenn	Tenn	Tenn	Harmer	Sept	Scrophulo	20		Allen, Thos
51 <i>Barham, Thos J</i>	55	M	W					N. C.	N. C.	N. C.	Harmer	Jan	Stroke	4		Harmon, S. J.
64 <i>Living, Joseph</i>	50	M	B					Tenn	Tenn	Tenn	Harmer	March		50		Living, J. M.
71 <i>Wells, Sider</i>	24	M	B					Tenn	Tenn	Virginia	Harmer	Feb	Consumption	24		Allen, Thos
74 <i>Lavis, C. L.</i>	70	F	W					Virginia	England	Vi	Keeping house	Oct	Cancer of throat	40		Reed, J. L.
100 <i>Hill, Sarah</i>	57	F	B					Tenn	Tenn	Tenn	Harmer	May	Consumption	31		Living, J. M.
101 <i>Lella</i>	5	F	B					Tenn	Tenn	Tenn	Harmer	May	Consumption	5		
102 <i>George</i>	2	M	B					Tenn	Tenn	Tenn	Harmer	May	Consumption	2		
103 <i>James</i>	5	M	B					Tenn	Tenn	Tenn	Harmer	May	Consumption	7		
111 <i>Wright, Wm</i>	74	M	W					Tenn	Tenn	Tenn	Harmer	Aug	Cancer of face	62		Allen, Thos
24 <i>Seckel, no name</i>	70	F	W					Tenn	Tenn	Tenn	Harmer	Apr	unknown	30		Allen, Thos
44 <i>no name</i>	50	F	W					Tenn	Tenn	Tenn	Harmer	Apr	unknown	60		

No 15 This is *Tracy* list according to best information

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.

3
13
13

John
Murry

Tenn
Tenn

REMARKS.

There is no Physician in this List living in my list so as to get no further reports to furnish

W. H. Melch
Enumerator

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 13 district, in the County of Marshall, State of Tennessee.

J. C. Orr

Enumerator.

161

H. Orr																
Enumerators																
16																
Number of the family as given in the schedule 1																
Name of the person deceased																
Personal Description																
What was the civil condition of the person when he died																
Place of birth of the person, naming the State or Territory, or the U. S., or the county, if born in Tennessee																
When and where was the father of this person born? As in column 10																
Where was the mother of this person born? As in column 11																
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																
How long a resident of the county in which he died																
How long a resident of the state in which he died																
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
40	Unent	Mary	Ella	3	7	W		Tenn	Tenn	Tenn		Sept	Diphtheria	3		Dr. R. A. Orr
40	Unent	Emma	B	7	7	W		Tenn	Tenn	Tenn		Sept	Diphtheria	7		Dr. R. A. Orr
43	Garrett	John	J	5	7	W		Tenn	Tenn	Tenn		June	Croup	2		Dr. R. A. Orr
43	Infant	No Name		4	7	W		Tenn	Tenn	Tenn		Sept	Disease unknown	4		No Physician
53	Kirby	James	H	30	7	W	1	Tenn	Tenn	Tenn	Farmer	Jan	Spine & Kidney	1	Marquette	Dr. B. F. Smith
61	Arney	John		4	7	W		Tenn	Tenn	Tenn		Sept	Diphtheria	4		Dr. J. D. Johnson
22	Beaty	Marcus		4	7	W		Tenn	Tenn	Ala		Sept	Diphtheria	4		Dr. R. A. Orr
87	Lipscomb	Margaret		40	7	W	1	Tenn	Tenn	Tenn	Keeping House	June	congestion of Child	30		Dr. J. D. Johnson
131	Richardson	Caroline		45	7	B	1	Tenn	Tenn	Tenn	Keeping House	March	Consumption	43		No Physician
147	McConnell	Alice		3	7	W		Tenn	Tenn	Tenn		Sept	Diphtheria	3		Dr. J. D. Johnson
174	Bigg	Emma		7	7	W		Tenn	Tenn	Tenn		Oct	Diphtheria	7		Dr. B. F. Smith
209	Thompson	G		60	7	W	1	Tenn	Tenn	Tenn	Keeping House	June	Diphtheria	1		Dr. B. F. Smith
222	Beero	Sylvia		30	7	B	1	Tenn	Tenn	Tenn	Keeping House	May	Consumption	30		No Physician
224	Bryant	Jennie		3	7	W		Tenn	Tenn	Tenn		Sept	Diphtheria	5		Dr. B. F. Smith
226	Miller	Virgil		3	7	W		Tenn	Tenn	Tenn		Sept	Diphtheria	5		Dr. B. F. Smith
227	McKee	Daniel		75	7	W	1	Tenn	Tenn	Tenn		Sept	Diphtheria	5		Dr. B. F. Smith
228	Fitzpatrick	John		18	7	B	1	Tenn	Tenn	Tenn		Sept	Diphtheria	18		Dr. J. D. Johnson
12	Collins	David		7	7	W	1	Tenn	Tenn	Tenn		July	Diphtheria			Hawlett
12	Collins	Henry		7	7	W	1	Tenn	Tenn	Tenn		July	Diphtheria			Hawlett
12	Boston	Mary		4	7	B	1	Tenn	Tenn	Tenn		July	Diphtheria			Hawlett

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 parenthesis, 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, though 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.

No 7. Dr. R. A. Orr removed to Nashville

No 5. Dr. R. A. Orr removed to Nashville. The three first names to Physician Dr. R. A. Orr, says died in 1878, though reported by the Parents to me for 1879. No 5. Dr. R. A. Orr removed to Nashville. The three first names to Physician Dr. R. A. Orr, says died in 1878, though reported by the Parents to me for 1879. No 5. Dr. R. A. Orr removed to Nashville. The three first names to Physician Dr. R. A. Orr, says died in 1878, though reported by the Parents to me for 1879.

INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

CAUSE OF DEATH		SIGNATURE OF THE ATTENDING PHYSICIAN	CAUSE OF DEATH		SIGNATURE OF THE ATTENDING PHYSICIAN
Primary	Immediate		Primary	Immediate	
1			13	Consumption	B. F. Smith
2			14	Diphtheria	B. F. Smith
3			15	Diphtheria	B. F. Smith
4			16	Inflammation Bladder	J. D. Johnson
5			17	Consumption	J. D. Johnson
6	Diphtheria	Primary J. D. Johnson	18		
7			19		
8	Erizema Thel.	J. D. Johnson	20		
9			21		
10	Diphtheria	J. D. Johnson	22		
11	Diphtheria	B. F. Smith	23		
12			24		

Page No.

Supervisor's Dist. No.

Enumeration Dist. No.

Note A.—The Census Y.

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 *14th Dist*, in the County of *Marshall*, State of *Tenn.* *P. L. James* Enumerator. *110*

Name of the person deceased.	Age at death.	Sex.	Married.	Divorced.	Place of birth of this person, naming the State or Territory of the U. S., or the country, if not born here.	Profession, occupation or Trade.	The month in which the person died.	Disease or cause of death.	How long a resident of the county at date of death.	If the disease was not contracted at place of death, state the place.	Name of attending Physician.
<i>Evans, Elizabeth</i>	<i>17</i>	<i>F</i>	<i>M</i>	<i>/</i>	<i>North Carolina N. C.</i>	<i>Farmer</i>	<i>June</i>	<i>Billion River</i>	<i>44</i>		<i>Dr Smith</i>
<i>Larue, Mary C.</i>	<i>29</i>	<i>F</i>	<i>M</i>	<i>/</i>	<i>Tennessee Tenn.</i>	<i>Helping Hand August</i>	<i>Good</i>	<i>Good</i>	<i>24</i>	<i>Lewisburg</i>	<i>Howlett</i>
<i>Richardson, Margaret</i>	<i>42</i>	<i>F</i>	<i>M</i>	<i>/</i>	<i>Tennessee N. C.</i>	<i>Helping Hand</i>	<i>Feb</i>	<i>Consumption</i>	<i>42</i>		<i>A. Jones</i>
<i>Collins, Rebecca</i>	<i>64</i>	<i>F</i>	<i>M</i>	<i>/</i>	<i>North Carolina N. C.</i>	<i>Farmer</i>	<i>March</i>		<i>44</i>		<i>D. Kelly</i>
<i>Spokane, M. S.</i>	<i>59</i>	<i>M</i>	<i>M</i>	<i>/</i>	<i>Tennessee Tenn.</i>	<i>Farmer</i>	<i>June</i>	<i>Gravel</i>	<i>44</i>		<i>D. Kelly</i>
<i>McIntire, Florence</i>	<i>3</i>	<i>F</i>	<i>M</i>	<i>/</i>	<i>Tennessee Tenn.</i>		<i>Oct.</i>	<i>Diphtheria</i>	<i>3</i>		<i>D. Kelly</i>
<i>Larue</i>	<i>1/2</i>	<i>F</i>	<i>M</i>	<i>/</i>	<i>Tenn.</i>		<i>Dec.</i>	<i>Consumption</i>			<i>Howlett</i>

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

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

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

The enumerator should make these entries upon this Schedule with great care, seeking every source of information. When a positive statement is impossible, as when an age can only be estimated, or a birth-place must be conjectured, the entry may be inclosed in parentheses, thus: Age (35), 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, and 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.

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 9, see page 2.

Note D.—In column 17, note distinctly if no Physician was consulted.

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

Name of the person deceased.		Age last birthday.	Sex.	Color.	What was the civil condition of the person when died?	Nativity.	Place of birth of this person, naming the State or Territory of the U. S., or the country, if not American born.	Where was the Father of this person born? As in column 10.	Where was the Mother of this person born? As in column 11.	Profession, Occupation or Trade.	Not to be asked in respect to persons under 15 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 one month in residence, this was.	If the disease was not contracted in 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.
Carrie White	40 M 4	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Barran, Wm	79 M 4	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	68 M 4	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	1 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	48 M 4	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	46 M 4	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	18 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	53 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	7 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	40 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	16 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	4 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	30 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	10 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	25 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	30 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	25 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	27 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	10 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	30 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	25 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	27 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	4 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	10 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	30 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	25 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	27 M 43	1	White	Single	Married	White	White	White	White	White	White	White	White	White	White	White
Boyle, Mary J.	4 M 43	1	White</													

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, and 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

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, 1900, in this enumeration district, as follows:

Number of the
line upon
which the case
is reported

Place where the death occurred.

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 enumerating 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 statements 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	<p><i>You reside at 214 E. 11th St. This is the 1st schedule where we were attending Phys in the main cemetery. State this the 1st of July 1880</i></p> <p><i>Hardison & Mill</i></p> <p><i>I have made to see any other Physicians &c &c cannot make any more statement</i></p> <p><i>Stimpfley & Co. 214 E. 11th</i></p>		13			25				
2					14			26		
3					15			27		
4					16			28		
5					17			29		
6					18			30		
7					19			31		
8					20			32		
9					21			33		
10					22			34		
11					23			35		
12					24			36		

Page No.

Supervisor's Dist: No.

Enumeration Dist: No.

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 16th Census District, in the County of Missouri, State of Missouri.

Enumerator, 17

1. Name of the person deceased.		2. Sex.		3. Age at death (writing "If under 1 year, state months and days; if over 1 year, state years, months and days; if over 10 years, state years, months and days; if over 100 years, state years, months and days;	
---------------------------------	--	---------	--	---	--

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 the 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.

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, smallpox, &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 the case is reported	CAUSE OF DEATH		SIGNATURE OF THE ATTENDING PHYSICIAN	Number of the line on which the case is reported	CAUSE OF DEATH		SIGNATURE OF THE ATTENDING PHYSICIAN
	Primary	Immediate			Primary	Immediate	
1				13			
2	Pneumonia	Pneumonia	C. C. Hall	14			
3	Scrophula	Scrophula	C. C. Hall	15			
4	Scrophula	Scrophula	C. C. Hall	16	Old age	Diarrhoea	W. H. Hill
5	Scrophula	Scrophula	C. C. Hall	17			
6	Scrophula	Scrophula	C. C. Hall	18			
7	Scrophula	Scrophula	C. C. Hall	19			
8	Scrophula	Scrophula	C. C. Hall	20			
9	Scrophula	Scrophula	C. C. Hall	21			
10	Deformed fetus	Malocclusion	W. H. Hill	22			
11	Concealed fetus	Malocclusion	W. H. Hill	23			
12				24			

Note C.—For instructions relative to the entries in this column, see page 31, 1880.

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 the in *Ac-*

State of

in the County of

Enumerated. 75

F. Upon this Schedule should be CAREFULLY RETURNED

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.

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.

* Numerator should make these entries upon this Schedule with care, seeking every source of information. When a positive report is impossible, as when an age can only be estimated, or a place must be conjectured, the entry may be inclosed in parentheses. Age 25, meaning that the best estimate of the age that can be given is 25 years.

For the districts reported above, the following families were denied as reported above, the following were included in the enumeration district, though the families to which the drawings were made were not included in the enumeration district, as follows:

Hinder
Hinder

Number of the
last census
in which the case
is reported
about _____

Place where the death occurred.

Town _____ County _____ State _____

REMARKS.

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 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

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Name of the person deceased.	Age at death, in years and months at the day of death.	Sex.	Color.	Married.	What was the cause of death?	Place of birth of the person, naming the State or Territory of the U. S., or the country, if of foreign birth.	Where was the father of the person born?	Where was the mother of the person born?	Profession, occupation or trade.	Time of death.	Duration of illness.	If the disease was not contracted at the place of death, state the place.	Name of attending Physician.
✓													
✓													
✓													
Garrett Bigger	34 F. 11	M	W	1	1	Tenn.	Tenn.	Tenn.	Boat	July	Consumption	Hale	
Garrett Wallace	28 F. B	M	W	1	1	Tenn.	Tenn.	Tenn.	—	Oct.	Pneumonia	Hale	
Harbo, Jane	16 F. B	M	W	1	1	Tenn.	Tenn.	Tenn.	—	Dec.	Pneumonia	Hawlett	
James, Mary	16 F. B	M	W	1	1	Tenn.	Tenn.	Tenn.	—	Feb.	Consumption	Hawlett	
John, Mary	30 F. 11	M	W	1	1	Tenn.	Tenn.	Tenn.	—	Nov.	Consumption	Hale	

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 details 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
 issue upon
 which the case
 is reported
 alone

Place where the family of the deceased resided June 1, 1886:

Town	County	State
Windsor	Franklin	Mass.

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 line upon which title can be repeated above.

Place where the death occurred.

Town _____ County _____ State _____

REMARKS.