

Page No. 1

Supervisor's Dist. No. 1

Enumeration Dist. No. 207

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

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

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

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

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

Monroe

State of Tennessee

J. M. Robertson

Enumerator.

DEATH RECORDS																
Name of the person, deceased.																
Age at last birthday, or under 1 year, state month, day, and hour, if known.																
Sex.																
Color.																
Married.																
Single.																
Divorced.																
Widowed.																
Place of birth of this person, naming the State or Territory of the U. S., or of the country, if of foreign birth.																
Where was the Father of this person born? (As in column 9.)																
Where was the Mother of this person born? (As in column 9.)																
Profession, occupation or Trade.																
The month in which the person died.																
Disease or cause of death.																
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.
Larkin Lefolia	52	M	W	/				Tennessee	Irish	Irish	Farmer	June	Cholera Infantum		J. S. McDougall	
Montgomery J. A.	89	M	W	/				North Carolina	A. C.	A. C.	Artist	October	Old Age		F. Bogart	
Goldend Milgaut	52	M	W	/				Tennessee	Irish	Irish	Shipping house	October	Old Age		R. P. Huggins	
Amey Shuttles	66	M	W	/				Tennessee	Irish	Irish	Farmer	June	Old Age		R. P. Huggins	
Muck J. A.	1	M	W	/				Tennessee	Irish	Irish	Farmer	June	Old Age		D. W. Allen	
Lowr S. B.	19	M	W	/				Tennessee	Irish	Irish	Farmer	August	Spotted Fever			
Pignion George	6	M	B	/				Tennessee	Irish	Irish	Farmer	July	Brain Fever		F. Bogart	
Winton Mary L.	13	F	W	/				Georgia	Irish	Irish	Farmer	April	Old Age		R. P. Huggins	
Jones C. A.	21	M	W	/				Tennessee	Irish	Irish	Farmer	May	Spotted Fever		F. Bogart	
Proctor Z. L.	49	M	W	/				Tennessee	Irish	Irish	Farmer	July	Consumption		R. P. Huggins	
Bogart Thomas	75	M	W	/				Tennessee	Irish	Irish	Farmer	October	Whooping Cough		R. P. Huggins	
Bogart Thomas	75	M	W	/				Tennessee	Irish	Irish	Farmer	October	Whooping Cough		R. P. Huggins	
Wright C. D.	2	M	W	/				Georgia	Irish	Irish	Farmer	July	Spotted Fever		F. Bogart	
Kirkland Dan	49	M	W	/				Tennessee	Irish	Irish	Farmer	July	Spotted Fever		F. Bogart	
Winton Jordan	26	M	W	/				Tennessee	Irish	Irish	Farmer	July	Spotted Fever		F. Bogart	
Laudus James	84	M	W	/				Tennessee	Irish	Irish	Farmer	July	Spotted Fever		F. Bogart	
Clark Robert	90	M	W	/				Tennessee	Irish	Irish	Farmer	July	Spotted Fever		F. Bogart	
Hale William	32	M	W	/				Tennessee	Irish	Irish	Farmer	July	Spotted Fever		F. Bogart	
Clark William	7	M	W	/				Tennessee	Irish	Irish	Farmer	July	Spotted Fever		F. Bogart	
Coffin Annie	28	F	W	/				Tennessee	Irish	Irish	Farmer	July	Spotted Fever		F. Bogart	
Jones Edgar	30	M	W	/				Tennessee	Irish	Irish	Farmer	July	Spotted Fever		F. Bogart	
Jones Charles	34	M	W	/				Tennessee	Irish	Irish	Farmer	July	Spotted Fever		F. Bogart	
Seib Thomas	29	M	W	/				Tennessee	Irish	Irish	Farmer	July	Spotted Fever		F. Bogart	
Roland Kate	1	F	W	/				Tennessee	Irish	Irish	Farmer	July	Spotted Fever		F. Bogart	

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

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

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

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

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

Number of the line upon which the case is reported above. Place where the family of the deceased resided June 1, 1880. Town. County. State.

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

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

REMARKS.

INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

Number of the line on 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	Number of the line on which the case is reported.
	Primary.	Immediate.			Primary.	Immediate.		
1				13				25
2				14				26
3	Malignant Dysentery		F. Bogart	15	Diff. Pneumonia		F. Bogart	27
4	Scenic Gangrene		R. A. Boruff	16	Misemia		R. A. Boruff	28
5				17				29
6				18	Consumption		F. Bogart	30
7	Hypertension Brain		F. Bogart	19	Pneumonia			31
8	Heart affection Artery		R. A. Boruff	20	Mys. Sarcoma		R. A. Boruff	32
9	Pharyngeal Cancer		F. Bogart	21				33
10	Pharyngeal Cancer		F. Bogart	22	Pulmonary Consumption		F. Bogart	34
11	Whooping Cough		R. A. Boruff	23				35
12				24				36

Enumeration Dist: No. 202

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

L Carson

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:

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

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

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

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

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

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

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Supervisor's Dist. No. 18

Enumeration Dist. No. 263

[7-222.]

Received July 30, 80.

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

Note B.—In making entries in columns 9, 10, and 11, an affirmative mark only will be used, thus /, except in the case of Divorced persons, column 8, when the letter "D" is to be used.

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

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

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in *Normal*, in the County of *Monroe*, State of *Louisiana*. *John J. Cupper*, Enumerator.

Number of children born alive after marriage, and number of children born before marriage.		Name of the person deceased.			Personal Description.			Nativity.			Profession, Occupation, or Trade.		The month in which the person died.		Disease or cause of death.		How long a resident of the county, or of the state, prior to death, state the fraction, thus - 1/2.		If the disease was not contracted at place of death, state the place.		Name of attending Physician.	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	
		Age at last birthday - If under 15, state the month and day in fraction, thus - 1/2.	Sex - Male (M) Female (F).	Color - White (W), Black (B), Mulatto (Mu), Chinese (C), Japanese (J).	Single / Married / Widowed / Divorced E.	Place of birth of this person, naming the State or Territory of the U. S., or the country, if of foreign birth.	Where was the Father of this person born? (As in column 9.)	Where was the Mother of this person born? (As in column 9.)	(Not to be asked in respect to persons under 10 years of age.)													
2	Blumner, Esther L	27	F	W	1	Louisiana	Louisiana	Louisiana			Slaving Hand	Star	Pneumonia	0	2	Louisiana	Heads, Arcene					
67	McIntosh, Bessie	71	F	W	1	Louisiana	Louisiana	Louisiana			Slaving Hand	Star	Consumption	0	43	Louisiana	Heads, Arcene					
85	McIntosh, Sarah G	28	F	W	1	Louisiana	Louisiana	Louisiana			School Teach	Star	Consumption	0	28	Louisiana	Heads, Arcene					
91	Walker, Adde	27	F	W	1	Louisiana	Louisiana	Louisiana			March	Consumption	0	1	2	Louisiana	Heads, Arcene					
98	Walker, Mary E	22	F	W	1	Louisiana	Louisiana	Louisiana			Domestic Servant	Star	Consumption	0	16	Louisiana	Heads, Arcene					
163	Fore, Archibald	63	M	W	1	Louisiana	Louisiana	Louisiana			March	Consumption	0	14	2	Louisiana	Heads, Arcene					
161	Fore, Archibald	64	F	W	1	Louisiana	Louisiana	Louisiana			March	Consumption	0	58	2	Louisiana	Heads, Arcene					
162	Fore, Archibald	65	F	W	1	Louisiana	Louisiana	Louisiana			March	Consumption	0	16	2	Louisiana	Heads, Arcene					
163	Fore, Archibald	63	M	W	1	Louisiana	Louisiana	Louisiana			March	Consumption	0	53	2	Louisiana	Heads, Arcene					
171	Stinger, Sarah A	72	F	W	1	Louisiana	Louisiana	Louisiana			March	Consumption	0	12	2	Louisiana	Heads, Arcene					
173	Stinger, Sarah A	22	F	W	1	Louisiana	Louisiana	Louisiana			March	Consumption	0	23	2	Louisiana	Heads, Arcene					
175	Stinger, Sarah A	1	F	W	1	Louisiana	Louisiana	Louisiana			March	Consumption	0	1	2	Louisiana	Heads, Arcene					
173	Breakhill, Mary E	72	F	W	1	Louisiana	Louisiana	Louisiana			March	Consumption	0	12	2	Louisiana	Heads, Arcene					
I certify that I have the day completed the Enumeration of the District assigned me and that the Returns have been only and truthfully made in accordance with law and my oath of office this 15th day of June 1880 John J. Cropper Enumerators																						

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.
1	Normal	Normal	Louisiana
2	Normal	Normal	Louisiana
3	Normal	Normal	Louisiana
4	Normal	Normal	Louisiana
5	Normal	Normal	Louisiana
6	Normal	Normal	Louisiana

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.
7	Normal	Normal	Texas
8	Normal	Normal	Texas
9	Normal	Normal	Texas
10	Normal	Normal	Texas
11	Normal	Normal	Texas
12	Normal	Normal	Texas

REMARKS.

Page No.

Supervisor's Dist: No.

Enumeration Dist: No. 284

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

Monroe, State of Tenn

in the County of

Enumerator.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
27	Stephens Edward	66	M	W	/			Tennessee	Tenn	Tenn	Farmer	March	Palsy	36		Lammels F.
48	Marr Sarah	86	F	W	/			Tennessee	Ky	Tenn	Keeping house	Oct	Stroke	3		Bricknell H.
52	Watson L. H.	72	M	W	/			Tennessee	Tenn	Tenn	Apr	Stroke	1			McCallum
59	Malone Alice	1	F	W	/			Tennessee	Tenn	Tenn	Apr	Stroke	1			McCallum
82	Pranan Betty	30	F	W	/			Tennessee	Tenn	Tenn	Keeping house	Dec	Engelung stroke	30		Bricknell H.
93	Waller William	45	M	W	/			Tennessee	Tenn	Tenn	Farmer	June	Stroke	44		Bricknell H.
88	Malone Betty	58	F	W	/			Tennessee	Ire	Ire	Keeping house	May	Cancer	58		McCallum
105	Magill Rebecca	15	F	W	/			Tennessee	Tenn	Tenn	Keeping house	Oct	Stroke	10		Bricknell H.
120	Nicks M. D.	34	F	W	/			Tennessee	N.C.	Tenn	Keeping house	May	Stroke	28		Bricknell H.
131	Griffith John	81	M	W	/			N.C.	N.C.	N.C.	Farmer	Feb	Stroke	86		Bricknell H.
151	Wage John	72	F	W	/			Tennessee	Ire	Ire	Keeping house	Feb	Stroke	8		Bricknell H.
	Wardman R	70	M	W	/			Tenn	Tenn	Tenn	Keeping house	June	Kidney Disease			Bricknell H.
	Adams															
	Cowley Geo	3	M	W	/			Tenn				Sept	Septicemia			McCallum
	Brannon Martha	72	F	W	/							Sept	"			"

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

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

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

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.

2 Madisonville Monroe Tenn

REMARKS.

INSTRUCTIONS.

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

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

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

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

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

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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

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	Primary	Immediate			Primary	Immediate			Primary	Immediate	
1				13	Br. Phlegmon		W. N. B.	25			
2	Typho-malarial	Fever obstruction	W. N. B.	14	Br. Phlegmon		W. N. B.	26			
3				15				27			
4				16				28			
5				17				29			
6	Liver	Encephalitis	W. N. B.	18				30			
7				19				31			
8	Acute	Stomach	W. N. B.	20				32			
9	Organic	Stomach	W. N. B.	21				33			
10	Pneumonia	Consolidation	W. N. B.	22				34			
11	Pneumonia	Consolidation	W. N. B.	23				35			
12	Typho-malarial	Fever	W. N. B.	24				36			

Page No. /

Supervisor's Dist: No. /

Enumeration Dist: No. 205

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

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

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

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

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in *8 Civil District*, in the County of *Monroe*, State of *Tennessee*.

Enumerator.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
Cardin, Charles	3	7	B	/	Tennessee	Tennessee	Shawnee	10 Sept	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine
Spivy, Nicholas	12	M	W	/	Tennessee	Georgia	Abbeville	July	Diarrhoea	Diarrhoea	Diarrhoea	Diarrhoea	Diarrhoea	Diarrhoea	Diarrhoea	Diarrhoea
Armstrong, Mary	35	F	W	/	Tennessee	K.C.	Tenn	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine
Sealy, Samuel	85	M	W	/	Tennessee	Ireland	Penn	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine
Atty, Mary A	12	F	W	/	Tennessee	Tenn	Tenn	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine
Reddick, Billy	4	F	W	/	Tennessee	Tenn	Tenn	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine
McDermott, William	12	M	B	/	Tennessee	Tenn	Tenn	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine
Stiles, Eliza	60	F	W	/	Tennessee	K.C.	K.C.	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine
Stiles, William	60	M	W	/	Tennessee	K.C.	K.C.	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine
Griffith, Robert	20	M	W	/	Tennessee	Tenn	K.C.	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine
Gamble, Mary	76	F	W	/	Tennessee	Tenn	Tenn	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine	Leontine

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

Place where the death occurred: _____

Number of the line upon which the age is reported above: _____

Place where the death occurred: _____

Number of the line upon which the age is reported above: _____

Place where the death occurred: _____

Number of the line upon which the age is reported above: _____

Place where the death occurred: _____

Number of the line upon which the age is reported above: _____

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Number of the line upon which the age is reported above: _____

Place where the death occurred: _____

Number of the line upon which the age is reported above: _____

Place where the death occurred: _____

REMARKS.

Received July 14 1880

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Supervisor's Dist. No.

Enumeration Dist. No. 216

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

Note B.—In making entries in columns 9, 10, and 11, an affirmative mark only will be used, thus /, except in the case of Divorced persons, column 8, when the letter "D" is to be used.

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

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

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in 9th Civil District, in the County of Monroe, State of Tennessee.

Enumerator.

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 quite tropical place of death, state the place.		Name of attending Physician.	
	Age at last birthday, or under 1 year, state number of months and days in this time.	Sex.	Color.	Single.	Place of birth of this person, naming the State or Territory of the U. S. or of the country, if of foreign birth.	When was the father of this person born? As in column 9.	When was the mother of this person born? As in column 10.	Not to be asked in respect to persons under 10 years of age.								
V. Morris Armstrong	79 1/2 A. W.	1	Tennessee	Single	Tennessee	Tennessee	Tennessee	Black	March	March	Heart	Heart	Heart	Heart	Heart	Heart
John D. Hol. Jr.	62 1/2 A. W.	1	Virginia	Single	Virginia	Virginia	Virginia	Black	March	March	Heart	Heart	Heart	Heart	Heart	Heart
Bayler J. D. H. W.	32 1/2 A. W.	1	Georgia	Single	Georgia	Georgia	Georgia	Black	March	March	Heart	Heart	Heart	Heart	Heart	Heart
Smith Infant	-	1	Tennessee	Single	Tennessee	Tennessee	Tennessee	Black	March	March	Heart	Heart	Heart	Heart	Heart	Heart

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.

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 the enumeration district, as follows:

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

Place where the death occurred.

Town. County. State.

REMARKS.

INSTRUCTIONS.

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

1. Enter the name of the primary disease.
2. Enter the name of the secondary disease.
3. Enter the name of the tertiary disease.
4. Enter the name of the quaternary disease.
5. Enter the name of the quinary disease.
6. Enter the name of the senary disease.
7. Enter the name of the septenary disease.
8. Enter the name of the octenary disease.
9. Enter the name of the nonary disease.
10. Enter the name of the decenary disease.
11. Enter the name of the undecenary disease.
12. Enter the name of the duodecenary disease.
13. Enter the name of the tridecenary disease.
14. Enter the name of the quattuordecenary disease.
15. Enter the name of the quingdecenary disease.
16. Enter the name of the sexdecenary disease.
17. Enter the name of the septendecenary disease.
18. Enter the name of the octodecenary disease.
19. Enter the name of the nonodecenary disease.
20. Enter the name of the vigintenary disease.
21. Enter the name of the trigintenary disease.
22. Enter the name of the quadrigintenary disease.
23. Enter the name of the quinquagintenary disease.
24. Enter the name of the sexagintenary disease.
25. Enter the name of the septuagintenary disease.
26. Enter the name of the octogintenary disease.
27. Enter the name of the nonogintenary disease.
28. Enter the name of the centenary disease.
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96. Enter the name of the centenary disease.
97. Enter the name of the centenary disease.
98. Enter the name of the centenary disease.
99. Enter the name of the centenary disease.
100. Enter the name of the centenary disease.

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.* Typhoid, typhoid, and typho-malarial fevers should be carefully distinguished. Especial inquiry should be made for cases of "still-births," including infants born dead from whatever cause. As few deaths as possible should be reported under such general terms, as *disease of the throat, disease of the brain, disease of the liver, disease of the lungs, disease of the bowels, disease of the spine, &c.* These should, as far as possible, be reported under special heads.

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

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

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

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

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

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

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

Number of the line on which this case is reported.	CAUSE OF DEATH.		Number of the line on which this case is reported.	CAUSE OF DEATH.		Number of the line on which this case is reported.
	Primary.	Immediate.		Primary.	Immediate.	
1	Hypertrophy of Esophagus		13			25
2	Hypertrophy of Esophagus		14			26
3	Chronic Nephritis & emphysema		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. 1

Supervisor's Dist. No. *Fourth*
Enumeration Dist. No. *207*

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 *10th and 11th District*, in the County of*Murroe*State of *Tennessee**Wm. M. Smith*

Enumerator.

Name of the person deceased.	Personal Description. Age, Sex, Color, Height, Weight, Complexion, Eyes, Hair, Markings, etc.	What was the condition of the person who died? Single, Married, Divorced, etc.	Place of birth of this person, naming the State or Territory of the U. S., or the country, if of foreign birth.	Where was the person born? In this country, or in foreign birth.	Where was the person born? In this country, or in foreign birth.	Profession, Occupation, or Trade.	The month in which the person died.	Disease or cause of death.	How long a sickness, if the person was sick more than 1 year, state months and years.	If the disease was not attributed at place of death, state the place.	Name of attending Physician.
<i>Waller, Amanda J.</i>	<i>17, 5 ft. 11 in.</i>	<i>1</i>	<i>Virginia</i>	<i>Virginia</i>	<i>Virginia</i>	<i>Widow</i>	<i>Dec.</i>	<i>Consumption</i>	<i>9</i>		<i>Richard W. H.</i>
<i>Langford, S. G.</i>	<i>43, 7 ft. 7 in.</i>	<i>1</i>	<i>Tennessee</i>			<i>Brick Mason</i>	<i>July</i>	<i>Consumption</i>			<i>Duncan M. C.</i>
<i>Repart, John</i>	<i>35, 7 ft. 11 in.</i>	<i>1</i>	<i>Tennessee</i>				<i>May</i>	<i>Illness</i>			<i>Duncan M. C.</i>
<i>Hess, Franklin</i>	<i>16, 7 ft. 13 in.</i>	<i>1</i>	<i>Georgia</i>	<i>Georgia</i>	<i>Georgia</i>		<i>Nov.</i>	<i>Consumption & Pneumonia</i>			<i>Richard G. O.</i>
<i>Miles, Eliza</i>	<i>16, 5 ft. 13 in.</i>	<i>1</i>	<i>Georgia</i>	<i>Georgia</i>	<i>Georgia</i>		<i>Dec.</i>	<i>Consumption</i>			<i>" G. O.</i>
<i>Johnson, George W.</i>	<i>8, 7 ft. 7 in.</i>	<i>1</i>	<i>Tennessee</i>				<i>Dec.</i>	<i>Consumption</i>			<i>Richard W. H.</i>
<i>Johnson, Joseph</i>	<i>74, 7 ft. 7 in.</i>	<i>1</i>	<i>Tennessee</i>			<i>Physician</i>	<i>Sept.</i>	<i>Consumption</i>	<i>33</i>		<i>Richard W. H.</i>
<i>Smith, Robert C.</i>	<i>19, 7 ft. 7 in.</i>	<i>1</i>	<i>Tennessee</i>	<i>Tenn.</i>	<i>Tenn.</i>	<i>Student</i>	<i>Oct.</i>	<i>Syphilis & Malnutrition</i>	<i>19</i>		<i>Richard W. H.</i>
<i>Frazier, Catherine</i>	<i>53, 5 ft. 4 in.</i>	<i>1</i>	<i>Georgia</i>			<i>House Work</i>	<i>Sept.</i>	<i>Syphilis & Malnutrition</i>	<i>11</i>		<i>Duncan M. C.</i>
<i>Kear, William E.</i>	<i>42, 7 ft. 7 in.</i>	<i>1</i>	<i>Tennessee</i>	<i>Tenn.</i>	<i>Tenn.</i>	<i>Farmer</i>	<i>Jan.</i>	<i>Pneumonia</i>	<i>42</i>		<i>Richard W. H.</i>
<i>Warr, Franklin</i>	<i>18, 7 ft. 7 in.</i>	<i>1</i>	<i>Tennessee</i>	<i>Tenn.</i>	<i>Tenn.</i>	<i>Laborer</i>	<i>Mar.</i>	<i>Pneumonia</i>	<i>18</i>		<i>Richard W. H.</i>
<i>Hall, Martha A.</i>	<i>47, 5 ft. 7 in.</i>	<i>1</i>	<i>Tennessee</i>	<i>Tenn.</i>	<i>Virginia</i>	<i>Washing House</i>	<i>Sept.</i>	<i>Consumption & Nephritis</i>	<i>47</i>		<i>Richard W. H.</i>
<i>Smith, Samuel</i>	<i>28, 7 ft. 7 in.</i>	<i>2</i>	<i>Tennessee</i>	<i>Tenn.</i>	<i>Tenn.</i>		<i>June</i>	<i>Consumption</i>	<i>2</i>		<i>Duncan M. C.</i>
<i>Hoff, Joseph Y.</i>	<i>60, 7 ft. 7 in.</i>	<i>1</i>	<i>Tennessee</i>			<i>Farmer</i>	<i>Oct.</i>	<i>Hurt by Fall</i>	<i>15</i>		<i>Duncan M. C.</i>
<i>Copeland, J. C.</i>	<i>21, 7 ft. 13 in.</i>	<i>1</i>	<i>South Car.</i>	<i>South Car.</i>	<i>South Car.</i>	<i>Laborer</i>	<i>July</i>	<i>Consumption</i>	<i>12</i>		<i>Duncan M. C.</i>
<i>Worthy, George</i>	<i>73, 7 ft. 7 in.</i>	<i>1</i>	<i>Georgia</i>			<i>Farmer</i>	<i>Jan.</i>	<i>Consumption</i>	<i>47</i>		<i>Duncan M. C.</i>
<i>Hawkins, Richard P.</i>	<i>74, 7 ft. 7 in.</i>	<i>1</i>	<i>Tenn.</i>	<i>Tenn.</i>	<i>Tenn.</i>	<i>Tenier</i>	<i>July</i>	<i>Whooping Cough</i>			<i>Richard G. O.</i>
<i>Harris, Howard</i>	<i>54, 7 ft. 7 in.</i>	<i>1</i>	<i>Tenn.</i>	<i>Tenn.</i>	<i>Tenn.</i>	<i>Farmer</i>		<i>Pneumonia & Pharyngitis</i>	<i>34</i>		<i>Richard G. O.</i>

Note E.—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.

The enumerator should make these entries upon this Schedule with care, seeking every source of information. When a positive entry is impossible, as when an age can only be estimated, or a date 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.

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 family to which the deceased belonged at date of death.

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 the enumeration district, as follows:

Number of the family to which the deceased belonged at date of death.

Place where the death occurred.

Town. County. State.

REMARKS:

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 or *temperance*, 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 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 or near his enumeration district, who is named in this Schedule as the physician attending at death, and courteously request 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 to 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 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 year, kept at the request of the Superintendent of Census, and if so, will take charge of and forward the same to the Census Office under his official

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	Typho-malarial fever		W. H. B. Richmond	13				15			
2	Cataractal fever of brain		W. H. B. Richmond	14				16			
3	Correct		W. H. B. Richmond	15				17			
4	Correctly stated		W. H. B. Richmond	16				18			
5	Correctly stated		W. H. B. Richmond	17				19			
6	Correctly stated		W. H. B. Richmond	20				21			
7	Correctly stated from cold	acute	W. H. B. Richmond	22	Correctly stated	acute	W. H. B. Richmond	23			
8	Correctly stated		W. H. B. Richmond	24	Correctly stated	acute	W. H. B. Richmond	25			
9	Correctly stated		W. H. B. Richmond	26				27			
10	Correctly stated		W. H. B. Richmond	28				29			
11	Correctly stated		W. H. B. Richmond	30				31			
12	Correctly stated		W. H. B. Richmond	32				33			
	Correctly stated		W. H. B. Richmond	34				35			
	Correctly stated		W. H. B. Richmond	36				37			

Page No.

Supervisor's Dist. No.

Enumeration Dist. No. 208

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, the 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 25 District, in the County of Monroe, State of Louisiana.

Enumerator.

1.	2.	3. Personal Description.			4. What was the civil condition of the person when died?			5. Nativity.			12.	13.	14.	15.	16.	17.
		Age at death.	Sex.	Color.	Single.	Married.	Divorced.	Place of birth of this person, naming the State or Territory of the U.S., or the country, if not foreign birth.	Father of this person born?	Mother of this person born?						
1	James, George	10 5	M	W	/			France								
2	Wardleth, Margaret	66 11	F	W	/			France								
3	William, George S.	34 2	M	W	/			France								
4	Cochran, Edward	62 11	M	W	/			France								
5	White, David H.	10 11	M	W	/			France								
6	Sharp, Emily L.	4 4	F	W	/			France								
7	Guthrie, John C.	11 4	M	W	/			France								
8	Vestell, Laura	12 5	F	W	/			France								
9	Taylor, Anna J.	2 7	F	W	/			France								
10	Ellison, Robert	1 10	M	W	/			France								
11	Valerie, Bertha	3 11	F	W	/			France								
12	Davis, Robert E.	15 11	M	W	/			France								
13																
14	Adair, John W.	12 11	M	W	/			France								
15	Stoney	2 11	M	W	/			France								
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																
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31																
32																
33																
34																
35																
36																

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

1. 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.

2. 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.

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

Town County State

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

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

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

Place where the death occurred.

Town County State

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

REMARKS.

INSTRUCTIONS.

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

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

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

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

A space is left at the bottom of each page of this Schedule for remarks. It is desired that the enumerators should there describe any particular malady or unusual or peculiar disease which has prevailed in the subdivision, and the supposed cause thereof. In case of any unusual number of deaths by violence or accident, (as by the caving of a mine, or similar calamity), any 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	X			13				25			
2				14				26			
3	+ Correctly Stated		W. B. Beckwith	15				27			
4	+ Correctly Stated		W. B. Beckwith	16				28			
5	+ Correctly Stated		W. B. Beckwith	17				29			
6	+ Correctly Stated		W. B. Beckwith	18				30			
7	+ Correctly Stated		W. B. Beckwith	19				31			
8	+ Correctly Stated		W. B. Beckwith	20				32			
9	+ Correctly Stated		W. B. Beckwith	21				33			
10	+ Correctly Stated		W. B. Beckwith	22				34			
11	+ Correctly Stated		W. B. Beckwith	23				35			
12	+ Correctly Stated		W. B. Beckwith	24				36			

Page No. 44
Supervisor's Dist: No. 209
Enumeration Dist: No. 209

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 18413 Civil District in the County of Monroe, State of Tennessee. J. O. Callaway. Enumerator.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
Name of the person deceased.	Age at death.	Sex.	Color.	Married.	Single.	Divorced.	What was the civil condition of the person who died?	Place of birth of this person, naming the State or Territory to which he or she belongs, 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.	Time month, if known, when the person died.	Disease or cause of death.	How long a resident of the county in which he died.	If the disease was not contracted at place of death, state the place.	Name of attending Physician.
83 Appender, W. A.	57	M	W	/				Tenn.	Tenn.	Tenn.	Farmer	Aug	Dysentery	1		Lyndell J. G. W. Flint
77 Loyelly, L. B.	52	M	W	/				"	"	"	"	Feb	Group	1		Lawrence J. W. F. Beckman
138 Harris, Malinda	55	F	W	/				"	"	"	Washing	July	Consumption	1		Herbert Dr. A. W. Flint
124 Finch, John	68	M	W	/				Tenn.	Tenn.	Tenn.	Farmer	Oct	not known	1		Dr. A. W. Flint
140 N. L. Smith	71	M	W	/				Tenn.	Tenn.	Tenn.	Farmer	Aug	not known	1		Dr. A. W. Flint
125 Burdette	39	F	W	/				Tenn.	Tenn.	Tenn.	Washing	July	Consumption	1		Dr. A. W. Flint
154 Ross, J. A.	34	M	W	/				"	"	"	Washing	Jan	Consumption	1		Dr. A. W. Flint
112 Smith, M. P.	64	F	W	/				Tenn.	Tenn.	Tenn.	Washing	Jan	Consumption	1		Dr. A. W. Flint
144 Stanton, Virginia	74	M	W	/				Tenn.	Tenn.	Tenn.	Washing	Jan	Consumption	1		Dr. A. W. Flint
How his John	39	M	W	/				"	"	"	Fisherman	Oct	Chronic Liver	1		Dr. A. W. Flint

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 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.
	Monroe	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.

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 ~~pleura 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 ~~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 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	Exanthema	Infant	E.H. Lloyd	13				25			
2	+ Convulsions	Infant	W.O. Beckwith	14				26			
3	+ Tubercularis	Asthma	E.H. Lloyd	15				27			
4				16				28			
5	+ Connolly	Stomach	W.K.T.B.	17				29			
6				18				30			
7				19				31			
8	+ Connolly	Stomach	W.K.T.B.	20				32			
9				21				33			
10	+ Connolly	Stomach	W.K.T.B.	22				34			
11				23				35			
12				24				36			

Supervisor's Dist: No. 1

Enumeration Dist: No. 210

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 149 Civil District, in the County of Monroe, State of Tennessee. J. E. Shuster, Enumerator.

Enumerator																
Number of the family as given in column 1.																
Name of the person deceased.																
Age at last birthday. If under 1 year, state months and days. If over 1 year, state years, months and days. If under 1 year, state months and days. If over 1 year, state years, months and days.																
Sex. Male (M) or Female (F).																
Color. White (W), Black (B), Indian (I), Chinese (C), Japanese (J).																
Single / Married / Divorced / Widowed																
What was the condition of the person who died?																
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 this person born? As in column 9.																
Where was the Mother of this person born? As in column 10.																
Profession, occupation, or trade. Not to be asked in respect to persons under 10 years of age.																
The month in which the person died.																
Disease or cause of death.																
If the disease was not contracted at place of death, state the place.																
Name of attending Physician.																
How long a resident of the county? Inquire from the person, if possible.																
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Note E.—Upon this Schedule should be CAREFULLY RETURNED:

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

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

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

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

Number of the line upon which the case is reported above. Place where the family of the deceased resided June 1, 1880. Town. County. State.

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

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

3. Hopewell Springs, Monroe, Tenn.

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 *ulcus 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 be 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 5 upon which this case is reported.	CAUSE OF DEATH.		Signature of the ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		Signature of the ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.	
1				13			
2				14			
3				15			
4	Neo-phosphorus infusion. G. W. Hays			16			
5	Typho-bacillary Colic. G. W. Hays			17			
6	Typho-bacillary Bowel. G. W. Hays			18			
7	Typho-bacillary Bowel. G. W. Hays			19			
8	Typho-bacillary Bowel. G. W. Hays			20			
9	Typho-bacillary Bowel. G. W. Hays			21			
10	Typho-bacillary Bowel. G. W. Hays			22			
11	Typho-bacillary Bowel. G. W. Hays			23			
12	Typho-bacillary Bowel. G. W. Hays			24			

Enumeration Dist: No. 211

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 15th & 19th civil districts, in the County of

Enumerator

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

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:

Nothing of the
kind upon
which they now
re-posed.

Place where the family of the deceased lived June 1, 1880			
Town	County	State	Age
...

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 _____
County.

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*, *intemperance*, or *debility*, or *paralysis of the heart*, or *sudden death*, in any case where it is possible to name any definite disease. In reporting suicide name the means, whether cutting of throat, hanging, drowning, shooting, poisoning by opium, arsenic, &c.

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

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

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

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

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

Number of the line on Schedule upon which this case is reported	CAUSE OF DEATH		SIGNATURE OF THE ATTENDING PHYSICIAN	Number of the line on Schedule upon which this case is reported	CAUSE OF DEATH		SIGNATURE OF THE ATTENDING PHYSICIAN	Number of the line on Schedule upon which this case is reported	CAUSE OF DEATH		SIGNATURE OF THE ATTENDING PHYSICIAN
	Primary	Immediate			Primary	Immediate			Primary	Immediate	
1	Old Age	Diarrhoea	J. R. Leonard	13				15			
2				14				16			
3				15				17			
4				16				18			
5				17				19			
6				18				20			
7				19				21			
8				20				22			
9				21				23			
10				22				24			
11				23							
12				24							

Recd July 19, 1880

[7-222.]

Page No. *A 1*Supervisor's Dist. No. *1*Enumeration Dist. No. *22*

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

Note B.—In making entries in columns 9, 10, and 11, an affirmative mark only will be used, thus /, except in the case of Divorced persons, column 5, 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 *Seventeenth District*, in the County of *Monroe*, State of *Tennessee*. *James Blifton* Enumerator.

CENSUS OF THE DISTRICT OF COLUMBIA																		
Name of the person deceased.		Personal Description.			What was the civil condition of the person when 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.		
42 Crowder C. F.	32	M	W	1	Tenn	S. C.	Tenn	Tenn	S. C.	at Home	Jan	Engorgement of Liver	2 1/2	1				
43 McEliphan M. E.	19	M	W	1	Tenn	S. C.	Mc	at Home	Apr	Consumption	Apr	Consumption	9	Gravel				
44 Prince H. A.	4	M	W	1	Tenn	Tenn	S. C.				Sept	Not known	7					
45 McElvey J.	39	M	W	1	Tenn	S. C.	S. C.	at Home	Feb	Disease of the lungs	Mar	Disease of the lungs	30	Dr. A. Carter				
46 Harris P. B.	2	M	W	1	Tenn	Tenn	Tenn				Jan	Cholera	1/2					
47 Philips Rutheda	77	F	W	1	Tenn	Tenn	Tenn	at Home	Apr	Pneumonia	Apr	Pneumonia	4 1/2	Dr. A. Carter				
48 Buckner Joel J.	12	M	W	1	Tenn	La	La				Jan	Croup	1/2					
49 Skidmore Thos. J.	72	M	W	1	Tenn	Tenn	S. C.				Apr	Whooping Cough	12	Dr. A. Carter				
50 Wale Nancy	71	F	W	1	La	La	La				July	Pneumonia	30					
Additions to Monroe Co. system																		
White J. H.	10	M	W	1	Tenn					Student of Law	Nov	Convulsion	1	Dr. Beckwith				
Smith Martha	19	F	W	1						Housekeeper	Jan	Convulsion	1	Dr. Beckwith				
Norman Emory	36	M	W	1							Nov	Convulsion	1	Dr. Beckwith				
Moss —	30	M	W	1	Tenn	S. C.					Dec	Unnatural hemorrhage	1	Dr. Beckwith				
I certify that I have this day completed the enumeration of the district assigned me, that the returns have been duly and truthfully made in accordance with law and my oath of office.																		
James Blifton																		
July 6, 1880																		
Enumeration.																		

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

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

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

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

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

Number of the line upon which the case is reported above. Place where the family of the deceased resided June 1, 1880. Town. County. State.

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

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

REMARKS.

In the deaths enumerated, in nearly all the cases there were no physicians in attendance, and to find out the cause of death or the disease was very difficult as they did not know themselves, and having no physicians in attendance the name of disease was put down by the best description of the case given.

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.

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

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

Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on 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	+ Disease of the stomach		N. G. Carter	17				29			
6	+ Pneumonia fever		N. G. Carter	18				30			
7				19				31			
8	+ Hooping cough		N. G. Carter	20				32			
9				21				33			
10				22				34			
11				23				35			
12				24				36			