

Page No. 1  
Supervisor's Dist: No. 6  
Enumeration Dist: No. 118

Received July 23, 1880.

[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 West Ward, City of Fort Wayne, in the County of Allen, State of Indiana, Morse Kate Holman Enumerator.

Number of the family as given in column numbered 2—Schedule 1										Name of the person deceased.										Personal Description.										What was the civil condition of the person who died?										NATIVITY.										Profession, Occupation or Trade.										The month in which the person died.										Disease or cause of death.										How long a resident of the county, or if less than 1 year, state months in fractions, 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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
1										96										Garrett, John										71										M										W										1										Indiana										Indiana										Indiana										Cook-station										May										Heart disease										22																				Meyers & others																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
2										98										Ebner, Willie										15										F										W										1										Indiana										Germany										Germany										D-home										June										Typhoid fever										15																				Tiller																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
3										107										Bensch, Edith										2										F										W										1										Indiana										Germany										Indiana										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
4										117										Meyers, Frederick										7										M										W										1										Indiana										Germany										Indiana										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
5										127										Shopp, Emma										8										F										W										1										Indiana										Germany										Indiana										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
6										159										Kiedel, Frank										3										M										W										1										Indiana										Germany										Indiana										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
7										162										Augst, Julia										1										F										W										1										Indiana										Germany										Indiana										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
8										182										Willson, Kate W.										7										F										W										1										Indiana										Germany										Indiana										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
9										227										Bennett, Philip										40										M										W										1										Indiana										Indiana										Indiana										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
10										210										Bosington, William										70										M										W										1										England										England										England										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
11										212										Leach, Mary A.										8										F										W										1										Indiana										Ohio										Ohio										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
12										214										Gautier, Julia										4										F										W										1										Indiana										Indiana										Indiana										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
13										235										Proden, Robert										1										M										W										1										Indiana										Prussia										Prussia										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
14										246										Berg, Regina										45										M										W										1										Ohio										Bavaria										Bavaria										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
15										274										Meyers, Dorothy										27										F										W										1										Indiana										Prussia										Prussia										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
16										288										Meyers, Eddie										7										M										W										1										Indiana										Prussia										Prussia										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
17										365										Hood, William D.										21										M										W										1										Indiana										Indiana										Indiana										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
18										408										Madison, Stephen										3										M										W										1										Indiana										Indiana										Indiana										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
19										421										Boas, Henry										52										M										W										1										Indiana										Indiana										Indiana										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
20										441										Gustaf, Josephine										85										F										W										1										Indiana										Hesse										Hesse										Hesse										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
21										452										Wass, Sarah E.										22										F										W										1										Prussia										Prussia										Prussia										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
22										505										Leidling, Samuel																				M										W										1										Indiana										Ohio										Indiana										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
23										518										Hayes, Berdella																				F										W										1										Indiana										Indiana										Indiana										D-home										June										Typhoid fever										2																				Pfeiffer & Co.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
24																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								</									

Note E.—Upon this Schedule should be CAREFULLY RETURNED:  
1st. Every death which has occurred in this enumeration district during the Census year, whether the deceased was or was not, at death, a member of any family which resided June 1, 1880, in the district.  
2d. Every death which has occurred outside of this enumeration district during the Census year, the deceased being at date of death a member of a family which resided June 1, 1880, in the enumeration district.  
The enumerator should make these entries upon this Schedule with great care, seeking every source of information. When a positive statement is impossible, as when an age can only be estimated, or a birth-place must be conjectured, the entry may be inclosed in parentheses, thus: Age (25), meaning that the best estimate of the age that can be given is 25 years.

Of the deaths reported above, the following occurred in this enumeration district, but the families to which the deceased belonged, resided June 1, 1880, out of the enumeration district, as follows:				Of the deaths reported above, the following occurred out of this enumeration district, though the families to which the deceased belonged, resided June 1, 1880, in this enumeration district, as follows:					
Number of the line upon which the case is reported above.	Place where the family of the deceased resided June 1, 1880.	Town.	County.	State.	Number of the line upon which the case is reported above.	Place where the death occurred.	Town.	County.	State.
5	Wayland Station	Allen	Indiana		5	Wayland Station	Allen	Indiana	
7	Fort Wayne	Allen	Indiana		7	Fort Wayne	Allen	Indiana	
11	Fort Wayne	Allen	Indiana		11	Fort Wayne	Allen	Indiana	
17	South Wayne	Allen	Indiana		17	South Wayne	Allen	Indiana	

REMARKS.



## INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	Alcoholism	Organic disease of heart	R. J. Woodruff	13				25			
2				14	Phthis. pulmon.	Consumption	J. T. Bruckner	26			
3				15	Correctly stated		J. Anderson	27			
4				16				28			
5				17	Obstruction of bowels	Obstruction of bowels	R. J. Woodruff	29			
6	Hydrocephalus	Concussion	J. T. Bruckner	18	Phthis. pulmon.	Consumption	J. T. Bruckner	30			
7	Phthisis		J. T. Bruckner	19	Phthisis		J. T. Bruckner	31			
8				20				32			
9				21	Part. pneum.	Hemorrhage	J. T. Bruckner	33			
10				22				34			
11				23				35			
12				24	Correctly stated		J. Anderson	36			



'Supervisor's Dist: No. 6  
Enumeration Dist: No. 119

[ 7-222.]

Received July 23, 1880.

5.7

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 Port Wayne, in the County of Allen, State of Indiana.

Phillip King																	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.		How long a resident of the county? If less than 1 year, state months in fractions, thus— $\frac{1}{2}$ .		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.	23.
3	Lannen Patrick	29	M	W	1			Indiana	Ireland	Ire	R.R. Brateman	May	Killed by Cars	29								
5	Ewalt Mar	25	M	W	1			Prussia	Prus	Prus	R.R. Brateman	Feb	Killed by Cars	8								
82	Lannigan Henry	68	M	W	1			Ireland	Ire	Ire	W.H. Smith	Sept	Killed by Cars	10								
127	Connors Abraham	57	M	W	1			Pennsylvania	Penn	Penn	Shir Mader	Feb	Killed by Cars	6								
294	Bowling Lucretia	13	F	W	1			Indiana	Ind	Ind	At Home	Nov	Typhoid Fever	13								
321	Acton Catharine	59	F	W	1			Indiana	Ind	Ind	At Home	Nov	Typhoid Fever	24								
336	Nolan Phillip	37	M	W	1			Indiana	Ireland	Ire	Mar	Hooping Cough	12									
556	Walton Alice	7	F	W	1			Indiana	New York	Illinois	Jan	Cholera Infant	2									
556	— Lorelie	17	F	W	1			Indiana	New York	Illinois	Dec	Cholera Infant	12									
620	Craig Oliver	5	M	W	1			Indiana	Eng	Eng	Jan	Hooping Cough	5									
545	Petinger Mary	18	F	W	1			Indiana	France	France	July	Cholera Infant	18									
328	Stanley John	2	M	W	1			Indiana	Switz	Switz	Mar	Cholera Infant	2									
328	— Lucrit	7	F	W	1			Indiana	Switz	Switz	Mar	Cholera Infant	12									
625	Rohan Margrate	2	F	W	1			Indiana	Switz	Switz	Aug	Cholera Infant	2									

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:

[illegible]

REMARKS.



INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

Number of the line on Schedule B upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule B upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule B upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	Prote of Spinal phyl	W.H. Myers		13	Whooping cough	Capillary bronchitis	J.P. McCallum	25			
2	B.B. aecidit	W. Gaffey		14	Metritis		J. T. Bruckner	26			
3	Lung fever	Complication	C. G. Smith	15	Meningitis tuberc.		J. T. Bruckner	27			
4	Pneumonitis		J.P. McCallum	16	Aberrations rephel		J. T. Bruckner	28			
5	X			17	Meningitis	Complication	J.P. McCallum	29			
6	X	Neuritic Effusion	J. T. Bruckner	18				30			
7				19				31			
8				20				32			
9	V	Aberrations rephel	W. G. Smith	21				33			
10				22				34			
11	V	Cholera Examinum	J.P. McCallum	23				35			
12	V	"	J.P. McCallum	24				36			



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

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

Allen

, State of Indiana

David B. Compant

1202 Enumerator

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
0 1	393	Jellard Florence	9	D	W	1			Indiana	Ohio	Ohio			March	Bronchitis	9	Buchmann
0 2	456	Sink Mary E	15	D	W	1			Indiana	Ireland	Ireland	Helping Hand	June	Hemorrhage	13	Dreier	
0 3	445	Ward William	77	W	W	1			England	England	England		June	<del>Helping Hand</del>	30	Meyer Woodworth	
0 4	473	Schwanz Wilhelmine	66	D	W	1			Prussia	Prussia	Prussia	Helping Hand	March	Consumption	8	Meyer W. St.	
0 5	479	Ward Fred	67	W	W	1			Prussia	Prussia	Prussia	Savior	Relief	<del>Helping Hand</del>	8	Meyer W. St.	
0 6	482	Mangelsdorf	35	W	W	1			Prussia	Prussia	Prussia	Savior	March	<del>Helping Hand</del>	10	Sandwich	
0 7	512	Kling Charles	44	W	W	1			Ohio	Prussia	Prussia	Savior	May	<del>Helping Hand</del>	13	Meyer W. St.	
0 8	520	Joseph William	17	W	W	1			Illinois	Prussia	Prussia	Stone Mason	July	Drowned	15	Coroner	
0 9	City Hospital Report -																
0 10																	
0 11																	
0 12																	
0 13																	
0 14																	
0 15																	
0 16																	
0 17																	
0 18																	
0 19																	
0 20																	
0 21																	
0 22																	
0 23																	
0 24																	
0 25																	
0 26																	
0 27																	
0 28																	
0 29																	
0 30																	
0 31																	
0 32																	
0 33																	
0 34																	
0 35																	
0 36																	
0 37																	
0 38																	
0 39																	
0 40																	
0 41																	
0 42																	
0 43																	
0 44																	
0 45																	
0 46																	
0 47																	
0 48																	
0 49																	
0 50																	
0 51																	
0 52																	
0 53																	
0 54																	
0 55																	
0 56																	
0 57																	
0 58																	
0 59																	
0 60																	
0 61																	
0 62																	
0 63																	
0 64																	
0 65																	
0 66																	
0 67																	
0 68																	
0 69																	
0 70																	
0 71																	
0 72																	
0 73																	
0 74																	
0 75																	
0 76																	
0 77																	
0 78																	
0 79																	
0 80																	
0 81																	
0 82																	
0 83																	
0 84																	
0 85																	
0 86																	
0 87																	
0 88																	
0 89																	

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

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

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

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

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

[illegible]

## REMARKS

Called on Dr. Bruback in 23 + 34. Refused to sign the same. From 19 to 32 are Dr. Bruback's reports from City Hospital + we never kept of the place of their delivery. But have given as far as I can get them.



Received July 28, 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 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.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	Bronchitis		A. P. Buckman	13				25	Wage		J. H. H. H.
2				14	Drowned		William G. G. G.	26			
3	Pulmonary Hemorrhage		L. P. P. P.	15				27			
4				16				28	Large Hemorrhage		D. H. H. H.
5	Typho-malarial fever		B. J. J. J.	17				29			
6				18				30			
7	Consumption		Dr. C. C. C. C.	19	Cancer		M. J. J. J.	31	Large Hemorrhage		M. J. J. J.
8	Pneumonia		" " " "	20				32	Large Hemorrhage		M. J. J. J.
9				21	Open fistula		M. J. J. J.	33			
10	Pneumonia		Dr. P. P. P. P.	22	Childbirth		M. J. J. J.	34			
11				23				35			
12	Large Hemorrhage		Dr. M. J. J. J.	24				36			



Page No. 121  
Supervisor's Dist. No. 6  
Enumeration Dist. No. 120

[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 Indiana, in the County of Paulding, State of Indiana, David S. Crump, Enumerator.

Number of the family as given in column numbered 2—Schedule 1.		Name of the person deceased.	Personal Description.		What was the condition of the person who died?			NATIVITY.			Profession, Occupation or Trade. (Not to be asked in respect to persons under 10 years of age.)	The month in which the person died.	Disease or cause of death.	How long a resident of the county? If less than six months in fractions, thus—1/2, 3/4, etc.	If the disease was not contracted at place of death, state the place.	Name of attending Physician.
Age at last birthday. If under 1 year, give months and days in fractions, thus—1/2, 3/4, etc.	Sex—Male (M), Female (F).		Color—White (W), Black (B), Mulatto (Mo), Chinese (Ch), Indian (I).	Single	Married	Widowed	Divorced	Place of birth of this person, naming the State or Territory of the U. S., or the country, if of foreign birth.	Where was the Father of this person born? (As in column 9.)	Where was the Mother of this person born? (As in column 9.)						
122	Jarin Sadonia	29	M	1				Ohio	Mayland	Ohio	Keapinghouse	Oct 2	Typhoid	15		W. H. Brown
129	Diebold Anna	75	F	W	1			Indiana	N. Y.	Penn		Aug 2	Brain Fever	7		W. H. Brown
131	Mcmanis Jacob	36	M	W	1			Holand	Poland	Poland	Merchant	Apr 2	Inflammation Bowel	5		W. H. Brown
145	border mark Emma	5	F	W	1			Ind	Ind	Ind		Nov 2	Inflammation Brain	5		Anderson S W
155	Waldo Minnie	46	F	W	1			Prussia	Prussia	Prussia	Keapinghouse	Mar 2	Pneumonia	26		Mayer C D
167	Stettin Adolph	12	M	W	1			Indiana	Prussia	Prussia		Aug 2	Cholera Infantum	12		Wesley
205	Greer Eva Mary	12	F	W	1			Indiana	Ind	Ind		Aug 2	Whooping Cough	11		Stamm
206	Minnie D	12	F	W	1			Indiana	Ind	Ind		Sept	Whooping Cough	11		Stamm
251	Phelps Francis	3	M	W	1			Indiana	Ind	Ind		Jan 2	Encephalitis	3		Anderson S W
260	Sand Drapp John	34	M	W	1			Ind	Ind	Ind	Saborer	Apr 2	Typhoid Fever	13		Henshaw
347	Wilkinson Henry	36	M	W	1			Ohio	Ohio	Ohio	Justice Peace	Mar 2	Consumption	20		Woodworth
353	Snow Anna	51	F	W	1			England	England	England	Keapinghouse	Dec 2	Inflammation Bowel	13		Begg
364	Kukuk Joseph	4	M	W	1			Indiana	Prussia	Prussia		July 2	Whooping Cough	11		Mayer C D
367	Southern George	21	M	W	1			Indiana	N. Y.	Indiana	Brokenshaw	July 2	Hills on RR.	21		Kitts
404	Mered William	24	M	W	1			Prussia	Prussia	Prussia	Boiler Maker	Dec 2	Typhoid Pneumonia	10		Bombach S S
406	Rothel Fred	45	M	W	1			Indiana	Prussia	Prussia		Oct 2	Whooping Cough	25		Williams

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.
121	Antwerp	Paulding	Ohio

REMARKS.



Received July 23, 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 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.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	Typhoid Fever		W. H. Brooks	13	Cholera Infantum		L. Foxler	35	Consumption		C. B. Stenmark
2	Brain fever		W. H. Myers	14				36			
3	Inflammat. intestin.		J. T. Bruebach	15				37			
4				16	Whooping Cough		C. B. Stenmark	38	Enteritis		J. L. Briggs
5				17	Whooping Cough		C. B. Stenmark	39			
6				18				40			
7	Inflammation Brain		J. Anderson	19	Whooping Cough		J. Anderson	41	Scarlatina		J. H. Meyer
8				20				42			
9				21				43	Typhoid Fever		J. T. Bruebach
10	Pneumonia		C. A. Meyer	22	Whooping Cough		J. H. Meyer	44	Typh. Incubation		J. T. Bruebach
11				23				45	Whooping Cough		J. T. Bruebach
12				24				46			



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

Received July 23, 1959

**SCHEDULE 5.**—Persons who **DIED** during the Year ending May 31, 1880, enumerated by me in By Mayfield, in the County of Allen, State of Indiana.

Mr. J. M. Josia is dead in List 2. Schedule S. Page 1.  
Bauch I was unable to find him.



## INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

Number of the line on which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1				13				25	<i>Pneumonia</i>		<i>P. Fresh</i>
2				14				26			
3				15				27			
4	<i>Apoplexy</i>		<i>L. Trexler</i>	16				28			
5	<i>Dissection of the brain</i>	<i>after removal of the brain</i>	<i>J. B. Starnes</i>	17	<i>Patience palmar.</i>		<i>J. B. Starnes</i>	29			
6				18				30			
7				19	<i>Pneumonia</i>		<i>J. B. Starnes</i>	31	<i>Paralysis</i>		<i>J. B. Starnes</i>
8	<i>Tuberculosis</i>		<i>J. B. Starnes</i>	20				32			
9	<i>See report of J. B. Starnes</i>		<i>J. B. Starnes</i>	21				33			
10	<i>Emphysema of the lungs</i>		<i>J. B. Starnes</i>	22				34	<i>Typhoid fever</i>		<i>J. B. Starnes</i>
11	<i>Leukaemia</i>		<i>J. B. Starnes</i>	23				35			
12	<i>Coma</i>		<i>J. B. Starnes</i>	24	<i>Typhoid fever</i>		<i>J. B. Starnes</i>	36			



Page No. 1  
Supervisor's Dist: No. 6  
Enumeration Dist: No. 122

(7-222)

Received July 23, 1880

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

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in *Allen*, in the County of *Allen*, State of *Indiana*, *Frank S. Bu.* 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 last birthday, or under 1 year, state months and days.	Sex.	Color.	Religion.	Single.	Married.	Divorced.	Place of birth of this person, naming the State or Territory of the U.S., or the country, if of foreign birth.	Where was the Father of this person born? (As in column 9.)	Where was the Mother of this person born? (As in column 9.)	Profession, Occupation or Trade.	The month in which the person died.	Disease or cause of death.	How long a resident of the county? (If less than 1 year, state months and days.)	If the disease was not contracted at place of death, state the place.	Name of attending Physician.
1. <i>Myers William</i>	<i>1/2 m H</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Indiana</i>	<i>Chi.</i>	<i>Chi.</i>	<i>Set 0</i>	<i>Coreen</i>	<i>0</i>	<i>7/12</i>	<i>Anderson</i>	<i>1</i>
37. <i>Peter Elya</i>	<i>58 5/11</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Chi.</i>	<i>Chi.</i>	<i>Penn</i>	<i>Keeping house</i>	<i>Mar 0</i>	<i>Cancer of Throat</i>	<i>2</i>	<i>Anderson</i>	<i>2</i>
38. <i>Peter Sadu</i>	<i>- 5/11</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Indiana</i>	<i>Ind.</i>	<i>Chi.</i>	<i>Dec 0</i>	<i>St. Ben.</i>	<i>0</i>	<i>2</i>	<i>Smith</i>	<i>3</i>
40. <i>Schragman Herman</i>	<i>35 7/11</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Hannover</i>	<i>Hannover</i>	<i>Hannover</i>	<i>Clicking green</i>	<i>Apr 0</i>	<i>Consumption</i>	<i>0</i>	<i>Bruback</i>	<i>4</i>
114. <i>Ritchie Elia</i>	<i>9 7/11</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Indiana</i>	<i>Ind.</i>	<i>Chi.</i>	<i>May 0</i>	<i>Consumption of Lung</i>	<i>0</i>	<i>25</i>	<i>Anderson</i>	<i>5</i>
31. <i>Henry Sinsal</i>	<i>74 8/11</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Baden</i>	<i>Baden</i>	<i>Baden</i>	<i>Keeping house</i>	<i>Dec 0</i>	<i>Consumption</i>	<i>0</i>	<i>Bruback</i>	<i>6</i>
299. <i>Lavanway Emma</i>	<i>1/2 8/11</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Indiana</i>	<i>Vermont</i>	<i>N.Y.</i>	<i>Jun 0</i>	<i>Consumption</i>	<i>0</i>	<i>30</i>	<i>Bruback</i>	<i>7</i>
217. <i>Jackson Edward</i>	<i>50 m B</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Maryland</i>	<i>Ind.</i>	<i>Ind.</i>	<i>Carriage maker</i>	<i>Dec 0</i>	<i>Consumption</i>	<i>0</i>	<i>Bruback</i>	<i>8</i>
241. <i>Halpern Aaron</i>	<i>5 8/11</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Indiana</i>	<i>Mich.</i>	<i>Ind.</i>	<i>Apr 0</i>	<i>Consumption</i>	<i>0</i>	<i>5</i>	<i>Bruback</i>	<i>9</i>
267. <i>French Halberd</i>	<i>23 8/11</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Ind.</i>	<i>Conn.</i>	<i>N.Y.</i>	<i>At home</i>	<i>Oct 0</i>	<i>Consumption</i>	<i>0</i>	<i>Bruback</i>	<i>10</i>
281. <i>Kenning William</i>	<i>54 m H</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Prussia</i>	<i>Prussia</i>	<i>Prussia</i>	<i>Grocer</i>	<i>Dec 0</i>	<i>Inflammation of Lungs</i>	<i>0</i>	<i>Bruback</i>	<i>11</i>
288. <i>Lauer Henry</i>	<i>20 m H</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Indiana</i>	<i>Prussia</i>	<i>Prussia</i>	<i>Clicking star</i>	<i>July 0</i>	<i>Consumption</i>	<i>0</i>	<i>Bruback</i>	<i>12</i>
299. <i>Hogan Albert</i>	<i>130 m H</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Indiana</i>	<i>Ind.</i>	<i>Chi.</i>	<i>Apr 0</i>	<i>Marasmus</i>	<i>0</i>	<i>30</i>	<i>Bruback</i>	<i>13</i>
300. <i>Appleford Charles</i>	<i>23 m H</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Indiana</i>	<i>Ind.</i>	<i>Chi.</i>	<i>Apr 0</i>	<i>Marasmus</i>	<i>0</i>	<i>30</i>	<i>Bruback</i>	<i>14</i>
323. <i>Leib Katie</i>	<i>2 7/11</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Indiana</i>	<i>Prussia</i>	<i>Prussia</i>	<i>Clicking star</i>	<i>July 0</i>	<i>Consumption</i>	<i>0</i>	<i>Bruback</i>	<i>15</i>
286. <i>Graham Julia</i>	<i>10 12/11</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Indiana</i>	<i>Conn.</i>	<i>Chi.</i>	<i>Apr 0</i>	<i>Marasmus</i>	<i>0</i>	<i>2</i>	<i>Bruback</i>	<i>16</i>
350. <i>Bedeli Henry</i>	<i>1 m H</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Indiana</i>	<i>Italy</i>	<i>Prussia</i>	<i>Apr 0</i>	<i>Marasmus</i>	<i>0</i>	<i>1</i>	<i>Bruback</i>	<i>17</i>
351. <i>Bopp Henry</i>	<i>12 m H</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Indiana</i>	<i>Italy</i>	<i>Prussia</i>	<i>Apr 0</i>	<i>Marasmus</i>	<i>0</i>	<i>1</i>	<i>Bruback</i>	<i>18</i>
376. <i>Schott George H.</i>	<i>130 m H</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>Indiana</i>	<i>France</i>	<i>Prussia</i>	<i>Apr 0</i>	<i>Marasmus</i>	<i>0</i>	<i>20</i>	<i>Bruback</i>	<i>19</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 (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 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.
8	Memphis	Shelby	Tenn.
18	New Haven	Allen	Indiana
74	St. Wayne	Allen	Indiana

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.
8	Memphis	Shelby	Tenn.
18	New Haven	Allen	Indiana
74	St. Wayne	Allen	Indiana

### REMARKS.

Of the above No 8 Occured in Tenn. Not certified and No 18 in New Haven Ind. Not certified, and No 12 the physician attending is dead.



# INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

Number of the line on which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	Poison		S. Anderson	13	Marasmus	Prostration H. W. Swenigen		25			
2	Cancer of Uterus		S. Anderson	14	H. W. Swenigen	Exhaustion M. W. Wagon		26			
3	Ruptured Lateral Asphyxia		G. S. Smith	15	Pertussis	Inflammation of Trachea		27			
4	Acute Pulmonary		J. T. Bruckner	16	Thrombosis	Asphyxia		28			
5	Congestion of Lungs		S. Anderson	17	Meningitis tubercular	Convulsions		29			
6	Pericarditis		H. T. Ferguson	18				30			
7	Cholera Infantum	Convulsions	S. P. McCallough	19	Tubercular	Asphyxia		31			
8				20				32			
9	Whooping Cough		Samuel C. H. Hays	21				33			
10	Leucorrhoea		L. B. Bolton	22				34			
11	Hepatitis		G. T. Bruckner	23				35			
12				24				36			



Page No. 1

Supervisor's Dist: No. 6

Enumeration Dist: No. 123

[7-222.]

Received July 23, 1880

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

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

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

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

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in Fort Wayne, in the County of Allen, State of Indiana, Freeman R. Green

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.	How long a resident of the county? If less than 1 year, state months in fractions, thus— $\frac{1}{2}$ , $\frac{2}{3}$ , $\frac{3}{4}$ , $\frac{4}{5}$ , $\frac{5}{6}$ , $\frac{7}{8}$ , $\frac{9}{10}$ .	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.
11	Henderson Wm	22 M	W.	/				Ohio	Scotland	Scotland	Brickman on R.R.	Oct. 0	Killed on Rail Road	4	Pierston, Ind.	
19	Ellen Ellen	25 F	W.	/				Ireland	Ireland	Ireland	Keeping House	Feb. 0	Pyralgia	13		W. H. Myers
29	Meysen Julia	14 F	W.	/				Indiana	Havana	Indiana	At School	Dec. 2	Typhoid Fever	14		A. J. Shubach
47	William Nellie	20 F	W.	/				Ohio	Ohio	Ohio	Actress	Mar.	Apoplexy of Brain	6	Colorado	
98	Keising Katharine	30 F	W.	/				Ind.	N. Y.	Ind.		Aug. 9	Cholera Infantum	30		Isaac Rosenthal
157	Klachen John	54 M	W.	/				Russia	Russia	Russia	Undertaker	Jan. 10	Pulmonary Apoplexy	27		Dr. Josse
201	Goller Margaret	48 F	W.	/				Bavaria	Bavaria	Bavaria	Keeping House	Apr. 0	Dropsy	26		Michael Bartley
206	Redelshiemer Henry	75 M	W.	/				Wurtemberg	Wurtem.	Wurtem.	Optician	Dec. 0	Dropsy of Heart	28		Isaac Rosenthal
218	Myers Fred	20 M	W.	/				Ind.	Russia	Russia	Cook in Store	Aug. 0	Consumption	20		Fisher English

## 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	Pierston	Decatur	Indiana
4	Leadville		Colorado

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	Pierston	Decatur	Indiana
4	Leadville		Colorado

REMARKS.



## INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1				13				25			
2	Paralysis		M. J. Jones	14				26			
3	Correctly Stated		J. H. Smith	15				27			
4				16				28			
5	Massacrine		J. H. Smith	17				29			
6				18				30			
7	Dropsy		Dr. Bartley	19				31			
8	Heart Disease		Dr. A. H. Lee	20				32			
9	Correctly Stated		Leah Taylor	21				33			
10				22				34			
11				23				35			
12				24				36			



Page No.

Supervisor's Dist: No.

Enumeration Dist: No.

[7-222.]

Received August 30, 80

69

Note A.—The Census Year begins June 1, 1870, and ends May 31, 1880.  
Note B.—In making entries in columns 6, 7, and 8, an affirmative mark only will be used, thus /, 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 Fort Wayne, in the County of Allen, State of Indiana, William J. Vesey, Enumerator.

1.	2.	Personal Description.			What was the civil condition of the person who died?			NATIVITY.			12.	13.	14.	15.	16.	17.
		Age at last birthday. If under 1 year, give months in fractions, thus—4 1/2. If under 1 month, give days in fractions, thus—10 1/2.	Sex—Male (M), Female (F).	Color—White (W), Black (B), Mulatto (M), Chinese (Ch), Indian (I).	Single / Married / Widowed / Divorced D.	Place of birth of this person, naming the State or Territory of the U. S., or the country, if of foreign birth.	Where was the Father of this person born? (As in column 9.)	Where was the Mother of this person born? (As in column 9.)	Profession, Occupation or Trade. (Not to be asked in respect to persons under 10 years of age.)	The month in which the person died.						
14	Miller, Charlotte	92	F	W	/	Prussia	Prussia	Prussia		March	old age	0	19		None	
65	Helling, Lattie	44	F	W	/	Allen Co	Prussia	Prussia		March	Spasms	1/2	24		McClure ch. Thos	
88	Rombach, Selma	41	F	W	/	Ohio	Ohio	Ohio		Sept 0	Whooping cough	3/12	312		Bowser	
98	Murray, Kerr	53	M	W	/	Scotland	Scotland	Scotland	Foundry man	May	Longest of time	24	24		Myers, W. H.	
110	Levan, James	1	M	W	/	Allen Co	Ohio	Allen Co		March	Acute Bronchitis	1/2	1/2		Dills, J. J.	
113	Leutman, Clement	11	M	W	/	Allen Co	Allen Co	Allen Co		Sept 4	Typhoid fever	11	11		Woodworth	
85	Siemens, Mrs	68	F	W	/	Ohio	Conn	Conn		May	Nervous paralysis	Long	Long		Bowen, S. W.	
123	Jacobson, Victor	62	M	W	/	Prussia	Prussia	Prussia	Clothier	June	Kingston lung	30	30		Bombach	
	" Motie	4	M	W	/	Allen Co	Prussia	Prussia		May	Typhoid fever	4	4		Furgerson	
147	Kattin, Lucy	84	F	W	/	Vt.	Not known			Aug 0	Paralysis	0	13		Woodworth	
167	Hoagland, Wilem	24	M	W	/	Allen Co	Ohio	Ohio	Clerk dry goods	May	Bright's disease	24	24		Woodworth	
154	Bird, Ann	60	F	W	/	Allen Co	Va	Mass		Oct 0	Cancer of breast	60	60		Swearingen	
159	Fleming, Robert	68	M	W	/	N.Y.	Ireland	Vt.	Lawyer	March	Paralysis	0	44		Woodworth	
170	Korotich, Lullu	42	F	W	/	Allen Co	Allen Co	Prussia		Apr 0	Erysipelas	0	1/24		Bombach	
106	Rippe, Minnie	27	F	W	/	Prussia	Prussia	Prussia	Housekeeper	June	Child birth	0	13		Bombach	
	" Baby	0	M	W	/	Allen Co	Prussia	Prussia		June	Still born	0	0		Bombach	
207	Johns, John	49	M	W	/	Ireland	Ireland	Ireland	Lecturer	March	Consumption	0	30		Rosenthal	
87	Cosgrove, Edna	1da	F	W	/	Allen Co	Allen Co	Mich		Oct 0	Miscarriage	0	0		Cosgrove	
218	Gorman, Arthur	1	M	W	/	Allen Co	Allen Co	Allen Co		Aug 0	Consumption	0	1		McClure ch.	
240	Sinn, John K.	44	M	W	/	Ohio	Ohio	Ohio	Carpenter	June	Consumption	0	8		Gregg, J. A.	
254	Bunker, Rosa	29	F	W	/	Ohio	Hannover	Hannover	Housekeeper	May	Consumption	0	10		Joel (dead)	
	" Charles	31	M	W	/	Bad	Baden	Prussia		April 0	Wet pneumonia	0	3/2		Barthely	
21	Hamilton, John	60	M	W	/	Ireland	Ireland	Ireland	Baggman RR	Sept 0	Consumption	0	44		Woodworth	

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.
11	Grand Rapids	Kent	Mich

REMARKS.



# INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1				13	Paralysis			25			
2				14	Erysipelas		J. T. Brueckert	26			
3	Myelitis	Spasms	J. T. Brueckert	15	Purpura hemorrhagica		J. T. Brueckert	27			
4	Alcoholism	Alcoholism	J. T. Brueckert	16	Consumption		J. T. Brueckert	28			
5	Apoplexy	Apoplexy	J. T. Brueckert	17				29			
6	Coma	Coma	J. T. Brueckert	18				30			
7	Paralysis	Paralysis	J. T. Brueckert	19	Consumption		J. T. Brueckert	31			
8	Tubercle pulm.	Tubercle pulm.	J. T. Brueckert	20	Consumption		J. T. Brueckert	32			
9				21	Consumption		J. T. Brueckert	33			
10	Paralysis	Paralysis	J. T. Brueckert	22	Consumption		J. T. Brueckert	34			
11	Right	Right	J. T. Brueckert	23	Consumption		J. T. Brueckert	35			
12				24	Consumption		J. T. Brueckert	36			







Page No.

Supervisor's Dist. No.

Enumeration Dist. No.

[7-222.]

72

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

Received July 23, 1880.

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

Number of the family as given in the enumeration of population.		Personal Description.		What was the civil condition of the person who died?		NATIVITY.			Profession, Occupation or Trade.		The month in which the person died.		Disease or cause of death.		How long a resident of the county? If less than a year, state months in fractions, thus— $\frac{1}{2}$ .		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.				
4.	Sullivan James	19	M. W.	1				New York	Ireland	Ireland	R. P. Switzer	Nov. 0	Run over by train	6		Unknown				
7	Hedges Wm. A.	9	M. M.	1				Virginia	Virginia	Virginia	At school	Aug.	Typhoid fever	3	Virginia	Dr. Myers				
4	Thomas Peter	63	M. M.	1				Ohio	Ohio	Ohio	at school	Jan.	Chronic bronchitis	20						
10	Seavoy Agnes	4 1/2	M. F.	1				Indiana	Ireland	New York	Nov.	Marasmus	7 1/2							
22	Hagmeyer		F. M.	1				Indiana	Indiana	Ohio	Jan.	Still-born	0							
24	Johnson Elias	24	M. M.	1				New York	Prussia	Prussia	Peck's Agency	Mar.	Paralysis	5						
29	Bate Catharine	4 1/2	M. F.	1				Indiana	Germany	Germany	Jan.	Consumption	1 day							
23	Kupel Mary	8	F. M.	1				Indiana	Turkey	Indian	Jan.	Spasms	3							
26	Hayer Maggie	6	F. M.	1				Indiana	Prussia	Ohio	at school	July 0	Chronic bronchitis	6						
28	Hilgman Mrs.	4	M. M.	1				Indiana	Indian	Prussia	April	Dropsey	1							
30	Dreick John	26	M. M.	1				Canada	Prussia	Prussia	Machinist	Sept.	Typhoid fever	6	Union.	Smith & M. Cullum				
32	Cuniff John	63	M. M.	1				Ireland	Ireland	Ireland	Laborer	Mar.	Chronic bronchitis	30						
34	Eldred Ohio	15	F. M.	1				Indiana	Saxony	Prussia	Nov.	Typhoid fever	15							
36	Boschell William	26	M. M.	1				Indiana	Ohio	Indiana	Nov.	Spasms	1/2							
37	O'Brien Mary		F. M.	1				Indiana	Ireland	England	Mar.	Still-born	0							
38	Hartnett Ellen	16	F. M.	1				Ohio	Ireland	Ireland	Jan.	Hemorrhage	7 1/2	Ohio						
39	Lutty John R.	72	M. M.	1				Prussia	Prussia	Prussia	Jan.	Heart disease	57							
40	Keup Henry	80	M. M.	1				Prussia	Prussia	Prussia	Jan.	Old age	42							
41	B.C. Rachel	47	F. M.	1				Prussia	Prussia	Prussia	Keeping house	Mar.	Paralysis	7						
42	Bate Catharine	28	M. M.	1				Prussia	Prussia	Prussia	Jan.	Consumption	23							
43	Hager Mary	64	F. M.	1				Prussia	Prussia	Prussia	Jan.	Consumption	23							
44	Hager Mary	32	M. M.	1				Prussia	Prussia	Prussia	Jan.	Consumption	23							
45	Hager Mary	24	F. M.	1				Prussia	Prussia	Prussia	Jan.	Consumption	23							
46	Hager Mary		F. M.	1				Indiana	Saxony	Ohio	Nov.	Still-born	0							
47	Hager Mary	19	F. M.	1				Indiana	Prussia	Prussia	Sept.	Consumption	19							
48	Hager Mary	4	M. M.	1				Indiana	Saxony	Prussia	Mar.	Scarlet fever	4							
49	Hager Mary	59	F. M.	1				Ireland	Ireland	Ireland	Jan.	Still-born	0							
50	Hager Mary	22	F. M.	1				Ohio	Prussia	Ohio	Keeping house	Jan.	Stroke	16						
51	Hager Mary	61	M. M.	1				Ireland	Ireland	Ireland	Miller	Mar.	Rubbery	30						
52	Hager Mary	2	M. M.	1				Indiana	Germany	Prussia	Feb.	Cholera	2							
53	Hager Mary	4	M. M.	1				Indiana	Prussia	Ohio	Nov.	Still-born	0							

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 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.	State.
	Town.	County.

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.	State.
	Town.	County.
11	Chicago	Cook Illinois
12	Washington	Berkely Virginia
13	New York	New York Ohio
22	Bellevue	Allen Indiana
28	Mayfield	Allen Indiana

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 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	Typhoid fever		John Taylor	25			
2				14	Convulsions		S. Anderson	26	St. Mary's status that death		
3				15	Still born		H. P. Hing	27	Called at Indianapolis, under another physician		
4				16	Bronchitis		H. P. Hing	28	Congestion of lungs		
5	Asphyxia.	Retarded labor.	T. Bruckhart	17	This person dropped dead, while at work on a machine			29	Peritonitis		
6	Reveries	Reveries	Hand M. T.	18	St. Mary's, though the family physician			30	Epithelior. large Asphyxia		
7	Low volume		Eric P. P. Hing	19	Had nothing to do with this person at time of death		C. Smith	31	Whooping Cough		
8	Inflammation of the brain	Spasms	C. P. Smith	20	Errot			32	Tauulias		
9	Cerebral disease	Menigitis	C. P. Smith	21	Consumption		S. H. Hing	33			
10	Malarial fever	Dropsy from enlargement of spleen	Snoringen	22	Loc. Inta. Maria Hemorrhage		det. B. Hing	34			
11	Typhoid Pneumonia		Smith & Mcbullough	23	Pericardial peritonitis			35			
12	Bronchopneumonia		H. P. Hing	24	Still Born			36			



Page No.

Supervisor's Dist. No. 6

Enumeration Dist. No. 126

[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 *Allen*, State of *Ind*, *John Gilbert*, in the County of *Wayne*.

28, 1880  
74

John Silbert, Enumerator.																						
Number of the family as given in column numbered 1—Schedule 1.		Name of the person deceased.		Personal Description.		What was the civil condition of the person who died?		NATIVITY.			Profession, Occupation or Trade.		The month in which the person died.		Disease or cause of death.		How long a resident of the county? If less than 1 year, state months in fractions, thus— $\frac{1}{2}$ .		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.						
1	2	Kahisk Julius	44 M W	1	Prussia	Prussia	Prussia	Saloon	Oct 1	Lung Fever	25		Dr Bruchbach									
2	3	Carl	4 1/2 M W	1	Ind												Dr Procter					
3	22	Baker Laura	7 1/2 F W	1	Ind	N. J.	Switzerland										Dr. Masdworth					
4	44	Jackson Annis	58 F W	1	England	England	England	Keep house	Dec 1	Inflammation of Bowels	36		Dr. Loringen									
5	47	Gawrath Otto	5 M W	1	Ind	Prussia	Prussia															
6	72	Miller	1 day M W	1	Ind	Ohio	Ohio															
7	76	Albricht Minnie	5 1/2 F W	1	Ind	Bavaria	Ind										Dr. Virgil					
8	89	Brunner Marie	1 1/2 F W	1	Ind	Switzerland	Switzerland										Dr. Ortan					
9	92	Klein Henry	16 M W	1	Ind	Prussia	Prussia										Dr. Bruchbach					
10	122	Becker Christian	59 M W	1	Prussia	Prussia	Prussia	Stone Cutter	April	Pneumonia	16		Dr. Anderson									
11	177	Yocum Jas E.	7 M W	1	Misc.	Ohio	Misc	Pres College	May	Measles	0		Dr. R. H. Hemen									
12	196	Martin George	24 M W	1	Ind.	also.	Prussia	Clerk in store	June	Consumption			Dr. Ortan									
13	224	Lehman Christian	75 M W	1	Prussia	Prussia	Prussia	retired	June	Old age	19 years											
14	304	M Lee Mary A.	18 F W	1	Indiana	Ireland	Ireland		April	Consumption	0		Dr. McCulloch									
15	237	Oyer Sarah J.	46 F W	1	Mass.	N. Y.	N. Y.		Nov.	Consumption	21 years		Dr. Wherry									
16	345	Kentucky Matilda	36 F W	1	N. Y.	N. Y.	N. Y.	wife	March	Pneumonia	16											
17	389	Ble Mary M.	2 F W	1	Ind	Pa	Ind		August	Constriction of Brain			Dr. Loringen									
18	401	Harsburg (no name)	1 day F W	1	Ind	Prussia	Ind		April	Stillborn												
19	423	Korn Clara	75 F W	1	Ind	Bavaria	Ind		August	Influenza			Dr. Bruchbach									
20	424	Rash Frederick	73 M W	1	Wittenberg	Wittenberg	Wittenberg	Carpenter	Dec.	Consumption	0		Dr. Rauch									
21	384	Douglas (no name)	50 M W	1	Ind.	N. H.	Ind		Aug.	Consumption			Dr. Masdworth									
22	445	Bender Adolph	1 1/2 M W	1	Ind	Prussia	Prussia		Jan.	Ind. (no name)	0											
23	463	Braun Louisa	14 F W	1	Ind	Wittenberg	Wittenberg	Blacksmith	Feb.	Consumption	0		Dr. Thayer									
24	481	Thomas Mary L.	26 F W	1	Ind	Ireland	Ohio	wife	July	Consumption	0		Dr. Virgil									



## 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 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
2	<i>Leprosy in Diphtheria</i>	<i>Pneumonia</i>	<i>J. J. Virgil</i>	13	<i>Intermittent fever</i>	<i>Convulsions</i>	<i>J. J. Virgil</i>	25	<i>Pneumonia</i>	<i>J. J. Virgil</i>	
1	<i>Hepatitis</i>	<i>Edema pulm.</i>	<i>J. J. Virgil</i>	14				26			
3	<i>Cholera infantum</i>	<i>Infantum</i>	<i>J. J. Virgil</i>	15	<i>Poisoned</i>	<i>Infantum</i>	<i>J. J. Virgil</i>	27			
4				16	<i>Malum</i>	<i>Infantum</i>	<i>J. J. Virgil</i>	28	<i>Convulsions</i>	<i>Congestion</i>	
5				17	<i>Memulus</i>	<i>Infantum</i>	<i>J. J. Virgil</i>	29	<i>Apoplexy</i>	<i>Infantum</i>	
6				18				30	<i>Apoplexy</i>	<i>Infantum</i>	
7				19				31			
8				20				32	<i>Congenital</i>	<i>Infantum</i>	
9	<i>Suicidum</i>		<i>J. J. Virgil</i>	21				33	<i>Infantum</i>	<i>J. J. Virgil</i>	
10				22				34	<i>Infantum</i>	<i>J. J. Virgil</i>	
11				23	<i>Consumption</i>		<i>J. J. Virgil</i>	35	<i>Infantum</i>	<i>J. J. Virgil</i>	
12				24				36	<i>Infantum</i>	<i>J. J. Virgil</i>	



Page No. 26  
Supervisor's Dist: No. 6  
Enumeration Dist: No. 126

[7-222.]

July 23, 1880

76

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 St. Marys, in the County of Allen, State of Ind,  
John Gilbert, Enumerator.

John S. Sauer, Enumerator.																						
Number of the family, as given in column numbered 1.		Name of the person deceased.		Personal Description.		What was the civil condition of the person who died?		NATIVITY.			Profession, Occupation or Trade.		The month in which the person died.		Disease or cause of death.		How long a resident of the county? If less than 1 year, state months in fractions, thus—4-6.		If the disease was not contracted at place of death, state the place.		Name of attending Physician.	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.						
1	450 Wellman (no name)	72	F	W	/			Ind	Prussia	Prussia			Sept. Still born									
2	507 Schwacke Baby	1/2	F	W	/			Ind.	Banover	Prussia			Aug. Whooping cough			Dr. Harris						
3	512 Unger Louise	68	F	W	/			Antonsberg	Nittemberg	Nittemberg			Aug. Whooping cough			Dr. Harris						
4	516 Bauer Maggie	72	F	W	/			Ind	Switzerland	Ind			Aug. Whooping cough			Dr. Harris						
5	544 Wilkens Christian	59	M	W	/			Prussia	Prussia	Prussia	Butcher		July. Convulsive Chills	26		Dr. Harris						
6	St. Joseph Hospital												June Fall Stone	26		Dr. Harris						
7	Laylor Mrs.	70	M	W	/			Ind.					Dec. Paralysis			Dr. Woodworth						
8	Capp Andrew	40	M	W	/			Prussia	Prussia	Prussia			Sept. Consumption			Dr. Rosenthal						
9	Bellinger Mary	42	F	W	/			Prussia	Prussia	Prussia			July. Cancer of Neck			Dr. Virgil						
10	Lieber Maggie	52	F	W	/			Prussia	Prussia	Prussia			July. Typhoid Fever			Dr. Virgil						
11	Dineen Mac	22	M	W	/			England	England	England			Sept. Typhoid			Dr. Rosenthal						
12	Hetta Hermann	1	F	W	/			Sweden	Sweden	Sweden			Oct. Lung Fever			Dr. Rosenthal						
13	Neer Mary	34	F	W	/			Ind					Nov. Consumption			Dr. Rosenthal						
14	Morgan Kate	54	F	W	/			Ireland	Ireland	Ireland			Apr. Partial Insanity			Dr. Rosenthal						
15	Grissold Edward	73	M	W	/			Ireland	Ireland	Ireland			Feb. Paralysis			Dr. Rosenthal						
16	Linger Antoinette	41	F	W	/			Prussia	Prussia	Prussia			Jan. Liver Disease			Dr. Rosenthal						
17	Baldwin Anthony	60	M	W	/			Ireland	Ireland	Ireland			Feb. Bronchitis			Dr. Rosenthal						
18	Kelly Jeremiah	20	M	W	/			Pa	Pa	Pa			Feb. Consumption			Dr. Rosenthal						
19	Collier Justus	23	M	W	/			Ind					Feb. Consumption			Dr. Rosenthal						
20	Camincovich Mary	23	F	W	/			Ind					Feb. Consumption			Dr. Rosenthal						
21	Meyer Kate	50	F	W	/			Prussia	Prussia	Prussia			Apr. Consumption			Dr. Rosenthal						
22	Schwartz Edmund	48	M	W	/			Prussia	Prussia	Prussia			May. Consumption			Dr. Rosenthal						

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

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

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

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

Of the deaths reported above, the following occurred 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.

Dr. Ostrow has left this city.  
The questions of deaths in St. Joseph Hospital could not be fully answered by the person addressed.



# 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 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1				13	Rail Road Injury	Pneumonia	A.B. Stearns	25			
2	Whooping Cough	Whooping Cough	A.B. Stearns	14	Fall from a car	Brain	W.H. Schuchert	26			
3				15	Consumption	Same	J. H. Hugg	27			
4				16	Juanita Paralysis	Same	A.B. Stearns	28			
5	Hall Stone - Defecation	Peritonitis	H. H. Hugg	17	Exhaustion	Exhaustion	J. H. Hugg	29			
6				18	Leaver Sir		J. H. Hugg	30			
7				19	Alcoholic	Exhaustion	J. H. Hugg	31			
8				20	Leaver Sir		J. H. Hugg	32			
9	Paralysis	Paralysis	R. H. Hugg	21	Apoplexy	Pneumonia	Same	33			
10	Consumption	Exhaustion	J. H. Hugg	22	Pneumonia	Pneumonia	Same	34			
11	Uterine Cancer		J. H. Hugg	23	see report of		J. H. Hugg	35			
12	Apoplexy		J. H. Hugg	24	Palmonary	Palmonary	Same	36			



78

**SCHEDULE 5.**—Persons who DIED during the Year ending May 31, 1880, enumerated by me in Hort Wayne, in the County of Allen, State of Indiana.  
*Frank P. Jones*

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

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

[illegible]

REMARKS.



## INSTRUCTIONS.

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

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

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

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

A space is left at the bottom of each page of this Schedule for remarks. It is desired that the enumerators should there describe any particular malady or unusual or peculiar disease which has prevailed in the subdivision, and the supposed cause thereof. In case of any unusual number of deaths by violence or accident (as by the eaving 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.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1	Thancer of Stomach	L. S. Taylor		13	see report of S. P. McCallum			25	Convulsions	Convulsions	W. M. Woodworth
2	Pregnancy	Chl. main	E. S. Smith	14	Bronchitis		J. T. Popple	26	Don't know anything about it		J. T. Popple
3				15	Hemorrhage		J. T. Popple	27	Phthisis (Tuberculosis)	Phthisis (Tuberculosis)	W. M. Woodworth
4	Meningit. tubercul.	Convuls.	J. T. Popple	16	see report of S. P. McCallum			28	Stab. Knife	Hemorrhage	M. Meyer
5	Fall from roof		Smith & McCallum	17	Inflammation of Stomach			29	By Hanging		W. M. Woodworth
6	Pneumonia		J. T. Popple	18	Acute Hepat. Hemorrhage		J. T. Popple	30	Inflammation		J. T. Popple
7	Endocarditis	Ang. Arter. Infection		19	Broncho-pneumonia	Arthritis	H. V. Swearingen	31	Inflammation of Bowels		L. S. Taylor
8	New Born		L. S. Taylor	20	No Physician			32	Inflammation of Lungs		J. D. Chamberlain
9				21	No Physician			33	Stillborn		
10	Bronchit. rapid		J. T. Popple	22				34	Malnutrition		
11	see report of S. P. McCallum			23				35			
12				24	Paralysis		J. P. McCallum	36			



Page No. 1

Supervisor's Dist: No. 6

Enumeration Dist: No. 128

[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.)

Received July 28, 1880  
80

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in Fort Wayne, in the County of Allen, State of Indiana,  
Michael Kaulp, Enumerator.

1.	2.	3.			4.			5.			9.	10.	11.	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 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.)									
✓ 1289	Liddington May	7 1/2	M	W	/			Indiana	Illinois	Illinois						July 0 Cholera Infantum			Doctor Brenton
✓ 1290	Liddington Lila	7 1/2	F	W	/			Illinois	Illinois	Illinois						August 0 Explosion of Ovens			Doctor Brenton
✓ 1291	Wheeler Geo	47	M	W	/			York State	Russia	England						August 0 Typhoid Fever	18		Doctor Reed
✓ 1292	Wright Edna M	1 1/2	F	W	/			Indiana	Indiana	Indiana						Sept 0 Diphtheria			Doctor Reed
✓ 1293	Gilbert Anna	7 1/2	F	W	/			Indiana	England	Scotland						Sept 0 Diphtheria			Doctor Reed
✓ 1294	Stewart Edwin	32	M	W	/			Ohio	York State	York State						Oct 0 not known			Doctor McCulloch
✓ 1295	Gibson Geneva	12	F	W	/			Indiana	Indiana	Penn a						July 0 Machinery of the Mill			Doctor McCulloch
✓ 1296	Schwartz John	12	M	W	/			Indiana	Russia	Illinois						April 0 Dropsy of the Brain	12		Doctor Reed
✓ 1297	Kamp Kathie	46	F	W	/			Russia	Russia	Russia						Feb 0 Typhoid	7 1/2		Doctor Brenton
✓ 1298	Reckmelt George	1	M	W	/			Indiana	Indiana	Indiana						April 0 Paralysis	30		Doctor McCulloch
✓ 1299	Cavanaugh Jas	2	M	W	/			Indiana	Ireland	N Y						Nov 0 not known	1		Doctor Young
✓ 1300	Murphy Margaret	46	F	W	/			Ireland	Ireland	Ireland						July 0 Prisoned	2		Doctor Lambach
✓ 1301	Ramsey Alice	29	F	W	/			Indiana	Indiana	Indiana						January 0 Lung Fever	2 1/2		Doctor Woodworth
✓ 1302	Cary John	9	M	W	/			Indiana	Ireland	Ireland						March 0 Lung Fever	29		Doctor Cummings
✓ 1303	Shea Denis	30	M	W	/			Indiana	Ireland	Indiana						Feb 0 Lung Fever	9		Doctor Brenton
✓ 1304	Wrotehn Ellen	23	F	W	/			Ohio	Ohio	Ohio						Sept 0 not known	30		Doctor McCulloch
✓ 1305	Jarrett Charles	7	M	W	/			Indiana	Ohio	Indiana						Nov 0 Brain Fever	5		Doctor McCulloch
✓ 1306	McQuinn Eliza	1 1/2	F	W	/			Indiana	Indiana	Ireland						Feb 0 Infantile Convulsions	1		Doctor Young
✓ 1307	Barker Ellen	80	F	W	/			York State	Penn a	Penn a						May 0 Insane	7 1/2		None
✓ 1308	Cartman Geo	5	M	W	/			Ohio	Ohio	Ohio						Oct 0 not known	14		Doctor Reed
✓ 1309	Steinbäumer Katy	6	F	W	/			Ills	Russia	Ills						Feb 0 Scarlat Fever	2		Doctor Smith
✓ 1310	Kogan Rosanna	7	F	W	/			Indiana	Ireland	Ireland						Feb 0 Typhoid	5		Doctor Smith
✓ 1311	Bicker Daisy	4	F	W	/			Indiana	Indiana	Indiana						June 0 not known	7		Doctor Myers
																April 0 Mumps	4		Doctor Young

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.

Doctors Brenton, Reed and Winadgo has left the City and cannot be found



# 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 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the line on Schedule 5 upon which this case is reported.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.			Primary.	Immediate.	
1				13				25			
2				14	<i>Pneumonia</i>		<i>J. T. Brubaker</i>	26			
3				15	<i>Chorea</i>	<i>Convulsions</i>		27			
4	<i>Lethargy</i>	<i>Convulsions</i>	<i>J. T. Brubaker</i>	16	<i>Typhoid pneumonia</i>	<i>Inflammation of lungs</i>	<i>J. T. Brubaker</i>	28			
5	<i>Convulsions</i>		<i>J. T. Brubaker</i>	17	<i>Pulmonary tuberculosis</i>		<i>J. T. Brubaker</i>	29			
6				18				30			
7	<i>Hydrocephalus</i>		<i>J. T. Brubaker</i>	19	<i>Scabies</i>		<i>J. T. Brubaker</i>	31			
8	<i>Paralysis</i>		<i>J. T. Brubaker</i>	20	<i>Scarlet fever</i>	<i>Convulsions</i>	<i>J. T. Brubaker</i>	32			
9	<i>Cerebral hemorrhage</i>	<i>Paralysis</i>	<i>J. T. Brubaker</i>	21	<i>Scarlet fever</i>	<i>Convulsions</i>	<i>J. T. Brubaker</i>	33			
10				22	<i>Scarlet fever</i>	<i>Convulsions</i>	<i>J. T. Brubaker</i>	34			
11	<i>Myocardial softening</i>		<i>J. T. Brubaker</i>	23	<i>Scarlet fever</i>	<i>Convulsions</i>	<i>J. T. Brubaker</i>	35			
12	<i>Myocardial softening</i>		<i>J. T. Brubaker</i>	24	<i>Scarlet fever</i>	<i>Convulsions</i>	<i>J. T. Brubaker</i>	36			