

Page No.

Supervisor's Dist: No.

Enumeration Dist: No.

[7-222.]

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

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

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

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

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

Enumerators.																
1.	2.	3.	4.	5.	6.	7.	8.	NATIVITY.			12.	13.	14.	15.	16.	17.
								9.	10.	11.						
Name of the person deceased.								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.	Disease or cause of death.	How long a resident of the county? (If not a resident, 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	Budi Magdalena	39	F	W	/			Baden	Baden	Baden	Keefing House	Dec.	Suppurating Puerperal Fever	34		Williamson M.
✓ 2	Frozier Alexander	59	M	W	/			France	France	France	Salon Kuper	Aug.	Consumption	10		Williamson M.
✓ 3	Schneller Cecilia	7	F	W	/			Indiana	Hanover	Indiana	Aug.	Cholera Infantum	3		Knodel R. S.	
✓ 4	Schwartz Ellen	71	F	W	/			Hanover	Hanover	Hanover	Keefing House	Aug.	Cholera Infantum	35		Knodel R. S.
✓ 5	Weaver Charles	65	M	W	/			Saxony	Saxony	Saxony	Labrier	March	Dropsy	20		Knodel R. S.
✓ 6	Paulson Margaret	3	F	W	/			Indiana	Holsten	Hanover	Aug.	Cholera Infantum	3		Knodel R. S.	
✓ 7	Paulson Mary	50	F	W	/			Indiana	Holsten	Hanover	Nov.	Inanition	30		Freyler	
✓ 8	Wolfe Elizabeth	19	F	W	/			Indiana	Rhinberg	Holsten	Dom. Servant	July	Consumption	19		Freyler
✓ 9	Girardet Clara	30	F	W	/			Indiana	France	France	Dec.	Whooping Cough	30		Knodel R. S.	
✓ 10	Crushman Phoebe	73	F	W	/			Vermont	Vermont	Vermont	Keefing House	Feb.	Apoplexy	42		Knodel R. S.
✓ 11	Swartz Emma	72	F	W	/			Indiana	Baden	Nassau	Aug.	Cholera Infantum	3		Knodel R. S.	
✓ 12	Deardorff Frances	7	F	W	/			Indiana	Ohio	Indiana	Aug.	Cholera Infantum	12		Knodel R. S.	
✓ 13	Simons Catharine	11	F	W	/			Indiana	Prussia	Ohio	At home	Feb.	Cerebral fever	11		Knodel R. S.
✓ 14	Edmonds Virginia	53	F	W	/			France	France	France	Keefing House	Feb.	Consumption	10		Knodel R. S.
✓ 15	Cameron Harriet	30	F	W	/			Indiana	Scotland	Indiana	July	Spasms	30		Knodel R. S.	
✓ 16	Long of Elizabeth Wolf	7	F	W	/			Indiana	Indiana	Indiana	Aug.	Cholera Infantum	7		Knodel R. S.	
✓ 17	Chobson Catharine	69	F	W	/			France	France	France	Keefing House	Dec.	General Debility	5		Knodel R. S.
✓ 18	Jeddy Henrietta	56	F	W	/			Prussia	Prussia	Prussia	Keefing House	Aug.	Whooping Cough	5		Myers W. H.
✓ 19	Boh Henry	71	F	W	/			Hessen	Hessen	Hessen	Labrier	March	General Debility	15		Knodel R. S.
✓ 20	Kain Mary	23	F	W	/			Ohio	Penn.	New York	At home	Feb.	Consumption	12		Knodel R. S.
✓ 21	McKee William	72	F	W	/			Indiana	Ohio	Indiana	Jan.	Whooping Cough	72		No Physician	
✓ 22	Sullivan John	72	M	W	/			Indiana	Ohio	Indiana	Mar.	Consumption	72		Smith	
✓ 23	Lochman Carmel	69	M	W	/			Prussia	Prussia	Prussia	At home	Oct.	Consumption	15		Brubach
✓ 24	Kurtz Catharine	54	F	W	/			Hanover	Hanover	Hanover	Sept.	Whooping Cough	25		Myers	
✓ 25	Miller William	40	M	W	/			Hanover	Hanover	Hanover	Hanover	Dec.	Brain fever	6		Freyler
✓ 26	Loveall Samuel	67	M	W	/			Maryland	Md.	Md.	Farmer	Dec.	Worms	49		Knodel R. S.
✓ 27	Frautner Mary	34	F	W	/			Ohio	Ohio	Wales	Keefing House	Dec.	Cerebral fever	15		Williamson M.
✓ 28	Frederick William	2	M	W	/			Indiana	Indiana	Ohio	Dec.	Cholera Infantum	2		Myers	
✓ 29	Biggs Margaret	55	F	W	/			Wales	Wales	Wales	At home	Jan.	Whooping Cough	55		Williamson M.
✓ 30	Chapman Herman	44	M	W	/			Holland	Holland	Holland	At home	March	Lung fever	13		Rosenthal
✓ 31	Boff John	35	M	W	/			Holland	Holland	Holland	At home	March	Apoplexy	12		None
✓ 32	Mecklenhof Catharine	75	F	W	/			Hanover	Hanover	Hanover	At home	March	Lung fever	44		Freyler
✓ 33	Mecklenhof Catharine	48	F	W	/			Holland	Holland	Holland	Keefing House	March	Lung fever	6		Freyler
✓ 34	Milling Bonatus	76	M	W	/			Prussia	Prussia	Prussia	Farmer	Aug.	Cerebral fever	26		Knodel R. S.
✓ 35	Marion Bernard	19	M	W	/			Indiana	Hanover	Hanover	Farmer	June	Dropsy	19		None
✓ 36	Lehman Louis	2	M	W	/			Indiana	Alsea	Alsea	July	Cholera Infantum	2		Knodel R. S.	
✓ 37	Hamming Henry	57	M	W	/			Hanover	Hanover	Hanover	Farmer	April	Consumption	28		Brubach

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.
119	St. Wayne	Allen Co.	Indiana
25	St. Wayne	Allen Co.	Indiana
30	St. Wayne	Allen Co.	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.
35	Milan Township	Allen Co.	Ind.
98	Orleans	Wells Co.	Ind.

REMARKS.

Line 31 - no relatives - no home.

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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. Williamson	13	Cerebro spinal Meningitis	R. J. Shoda	25	X	Effusion in the spinal column	Treple	
2	X	Correctly stated	W. Williamson	14	X	Correctly stated	R. J. Shoda	26	X	Paralysis of the bladder	R. J. Shoda
3	X	Correctly stated	R. J. Shoda	15	X	Pertussis	L. P. Null	27	X	Correctly stated	W. Williamson
4	Tuberculous Phthisis		L. P. Null	16				28			
5	X	Cirrhosis	R. J. Shoda	17	X	Old age	R. J. Shoda	29	X	Correctly stated	W. Williamson
6	X	Cholera infantum	R. J. Shoda	18	X	Not my case	M. J. Myers	30	X	Correct	W. Williamson
7	X	Some no knowledge of case	Treple	19	X	Not my case	R. J. Shoda	31			
8	X	Pericardial effusion	Treple	20	X	Correctly stated	R. J. Shoda	32	X	Cancer	Treple
9	X	Did not see the case	R. J. Shoda	21				33	X	Typhoid fever	Treple
10	X	Arterial Apoplexy	R. J. Shoda	22				34	X	Correctly stated	R. J. Shoda
11	X	Correctly stated	R. J. Shoda	23	X	Peritonitis	J. T. Bruckert	35			
12	X	Correctly stated	R. J. Shoda	24	X	Hepatic Hemorrhage	M. J. Myers	36	X	Grain of corn in the trachea	R. J. Shoda
								37	X	Stomach	J. T. Bruckert

Page No. 2
Supervisor's Dist. No. 6
Enumeration Dist. No. 110

[7-222.]

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Note C.—For instructions relative to the entries in column 14, see back of this Schedule.
Note D.—In column 17, note distinctly if no Physician was in attendance, thus (None.)

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in Adams Township, in the County of Allen, State of Indiana, James A. Kibbe, 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— 1 yr. 6 mo. 15 da.	Sex—Male (M) Female (F)	Color—White (W), Black (B), Mulatto (M), 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 not 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.						
1	339 Mrs. Bradley	20	M	W	1	Ohio	Ohio	Ohio	Farmer	Jan.	Lung fever	0	19		Null	1
2	339 Bigger Joseph	18	M	W	1	Indiana	Ohio	Ohio	Went to school	Mar.	Lung fever	0	18		Null	2
3	361 Mrs. Catharine	19	F	W	1	Indiana	Prussia	Prussia	Housewife	Feb.	Consumption	0	19		Null	3
4	382 Maria Elizabeth	45	F	W	1	Prussia	Prussia	Prussia	Housewife	June	Consumption	0	35		Null	4
5	382 Maria Elizabeth	4	F	W	1	Indiana	Prussia	Prussia	Housewife	June	Consumption	0	4		Null	5
6	391 Elizabeth Andrew	27	M	W	1	Prussia	Prussia	Prussia	Housewife	June	Consumption	0	2		Null	6
7	423 Smith Clara	2	F	W	1	Indiana	Ind.	Ind.	Housewife	June	Consumption	0	2		Null	7
8	430 Lydell Louisa	26	F	W	1	Prussia	Prussia	Prussia	Housewife	June	Consumption	0	2		Null	8
9	430 Lydell Louisa	12	F	W	1	Indiana	Ohio	Prussia	Housewife	June	Consumption	0	2		Null	9
10	446 Bessie Sophia	1	F	W	1	Indiana	Ind.	Ind.	Housewife	June	Consumption	0	1		Null	10
11	465 Crick Mary	50	F	W	1	Prussia	Prussia	Prussia	Housewife	June	Consumption	0	30		Null	11
12	465 Crick Mary	12	F	W	1	Indiana	Ind.	Ind.	Housewife	June	Consumption	0	7		Null	12
13	468 Frick St. Valentine	30	M	W	1	Indiana	Ind.	Ind.	Housewife	June	Consumption	0	12		Null	13
14	Gravis Ora	55	M	W	1	Ireland	Ireland	Ireland	Housewife	June	Consumption	0	8		Null	14
15	28 Dickerson	30	M	W	1	Indiana	Indiana	Indiana	Housewife	June	Consumption	0	30		Null	15
16	469 Overmyer Cyrus B.	18	M	W	1	Indiana	Indiana	Indiana	Housewife	June	Consumption	0	18		Null	16
17	Sullivan Maggie	16	F	W	1	Ind			Housewife	June	Consumption	0			Null	17
18																
19	P.R. Moier, Franklin	19	M	W	1	Indiana			Farmer	Feb.	Pyphoid Fever				L. P. Hull	19
20	P.R. Brontner, Mary	34	F	W	1	"			Housewife	Dec.	Pyphoid Fever				L. P. Hull	20
21	P.R. Link, John D.	65	M	W	1	"	Ger	Ger	Laborer	April	Consumption				L. P. Hull	21
22	P.R. Voncker, Mrs. B.	26	F	W	1	"				Nov.	Consumption				L. P. Hull	22
23	P.R. Paulmeyer, John	4	M	W	1	"				July	Enteritis				L. P. Hull	23
24	P.R. Rinelle, Miss Fany	22	F	W	1	"				Dec.	Pyphoid Fever				L. P. Hull	24
25																
26																
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32																
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36																

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

Number of the line upon which the case is reported above.	Place where the family of the deceased resided June 1, 1880.		
	Town.	County.	State.
114	Buffalo (?)		New York

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:

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2	Osian Mills	Indiana	

REMARKS.

INSTRUCTIONS.

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

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