

Page No. 1
Supervisor's Dist. No. 6
Enumeration Dist. No. 111

[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 23, 1880
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SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in *Allen*, State of *Indiana*, *Peter H. Knodel*, Enumerator.

Number of the family as given in column number 1—Schedule 1.	Name of the person deceased.	Personal Description.								NATIVITY.			Profession, Occupation or Trade.	The month in which the person died.	Disease or cause of death.	How long a resident of the county? If less than a year, state months in fraction.	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 in fractions thus— $\frac{1}{12}$	If under 1 month, give days in fractions, thus— $\frac{1}{4}$	Color—White (W), Black (B), Melasian (M), Chinese (Ch), Indian (I).	Sex—Male (M), Female (F).	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.)					
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.		
✓ 1	6 Hawkins Frederick	27 M W	1		Indiana	England	Ind.					June	Epilepsy	0	2		Bull S. S.	
✓ 2	15 Marie Albert	17 M W	1		Indiana	France	France					Jan	Typhoid fever	0	17		Bull S. S.	
✓ 3	17 Reville Adolphus	20 M W	1		Indiana	France	France					Feb	Typhoid fever	0	20	H. Wayne Anderson		
✓ 4	17 Reville Louise	15 F Jr	1		Indiana	France	France					Aug	Typhoid fever	0	20	H. Wayne Anderson		
✓ 5	17 Reville Stephen	22 F Jr	1		Indiana	France	France					Sept	Typhoid fever	0	22	Knodel R. S.		
✓ 6	22 Graenour Helen	22 F Jr	1		Indiana	France	France					Nov	Typhoid fever	0	22	Knodel R. S.		
✓ 7	51 Merrilet Regeny	34 F Jr	1		Ohio	Bavaria	Germany					Keep	house	Mar	Plague	Knodel R. S.		
✓ 8	59 Girardet	72 M W	1		Indiana	Ohio	Ind.					Keep	house	Oct	Smallpox	Knodel R. S.		
✓ 9	83 Girard John	62 M W	1		France	France	France					March	Inflammation	0	7	McHenry J. D.		
✓ 10	110 McColm Bernard	54 M W	1		Indiana	England	England					Farmer	Mar	Inflammation	0	27	Knodel R. S.	
✓ 11	132 Elmer Christian	57 M W	1		Parkersburg	Parkersburg	Parkersburg					Saboor	July	Apoplexia	0	(25)	Williamson	
✓ 12	147 Jeannette Ann	93 F Jr	1		France	France	France					Farmer	Dec	Inflammation	0	19	Bull S. S.	
✓ 13	171 McFarland	62 M W	1		Peru	(Peru)	Peru					Retired	Mar	Old Age	0	46	(Dome)	
✓ 14	181 Agnew Barbara	63 F Jr	1		Ohio	Parkersburg	Parkersburg					Retired	Jan	Consumption	0	2	McHenry J. D.	
✓ 15	194 Kearney Mrs.	47 M W	1		Indiana	England	England					Farmer	Mar	Consumption	0	20	Knodel R. S.	
✓ 16	185 Hobbs	50 M W	1		Ind.	Ind.	Ind.					Keep	house	Apr	Inflammation	0	16	Olds William
✓ 17	256 Richard John	71 M W	1		Seville	Seville	Seville					Retired	Jan	Consumption	0	29	Knodel R. S.	
✓ 18	259 Grimes Catharine	29 M Jr	1		Ind.	Germany	Germany					Farmer	June	Consumption	0	2	Knodel R. S.	
✓ 19	261 Adams John C.	47 M W	1		Ind.	N. Y.	N. Y.					Farmer	Sept	Consumption	0	47	Knodel R. S.	
✓ 20	274 Blackburn Jacob	59 M W	1		Ohio	Kentucky	Peru					Farmer	Mar	Consumption	0	30	Knodel R. S.	
✓ 21	275 Wilson Mary	44 F Jr	1		Indiana	England	England					July	Consumption	0	16	Knodel R. S.		
✓ 22	300 Leaine Francis	48 M W	1		France	France	France					Farmer	May	Consumption	0	0	Knodel R. S.	
✓ 23	126 Burwell Martha	7 M W	1		Germany	Germany	Germany					Farmer	April	Inflammation	0	26	Knodel R. S.	
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36																		

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 this case is reported above.	Place where the family of the deceased resided June 1, 1880.	Town.	County.	State.
23	Milford	Allen	Indiana	
24	New Haven	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 this case is reported above.	Place where the death occurred.	Town.	County.	State.
23	Milford	Allen	Indiana	
24	New Haven	Allen	Indiana	

REMARKS.

- Times: No. 3, 8, 13, 15. Physicians could not be seen in proportion to most others reside 13 miles from the Dis.
No. 8 & 16 Deceased were not Christians.
No. 22 Dr. Knodel prescribed but never seen deceased and would not certify.

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. A 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 ✓ Correctly stated		L.S. Null		13 ✓ Correctly stated	M.F. Williamson			25			
2 ✓ Correctly stated		L.S. Null		14 ✓ Phthisis & Bright	E.P.B. Wilder			26			
3 ✓ Correctly stated		R.F. Knobbe		15				27			
4 ✓ Correctly stated		R.F. Knobbe		16				28			
5 ✓ Correctly stated		L.S. Null		17 ✓ Correctly stated	L.S. Null			29			
6 ✓ Correctly stated		R.F. Knobbe		18 ✓ Croupy Bronchitis	R.F. Knobbe			30			
7 ✓ Correctly stated		R.F. Knobbe		19 ✓ Correctly stated	L.S. Null			31			
8				20 ✓ Correctly stated	M.F. Williamson			32			
9 ✓ Correctly stated		R.F. Knobbe		21 ✓ Correctly stated	R.F. Knobbe			33			
10				22				34			
11 ✓ Correctly stated		L.S. Null		23 ✓ Pneumonia	R.F. Knobbe			35			
12				24				36			