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Supervisor's Dist: No. 6

Enumeration Dist: No. 107

[7-222.]

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.)

Received August 20, 80

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in St Joseph T. P., in the County of Allen, State of Ind, Isaac Maurer, 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, state months and days, thus—6 m., 3 d.—If under 1 month, state days, thus—4 d.—	Sex—Male (M), Female (F).	Color—White (W), Black (B), Mulatto (M), Chinese (C), 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.						
81	Coleman John	33	M	W	/	Ohio			Farmer	Oct 0		chronic diarrhoea				Dr. Berder
29	Sterling Mary	22	F	W	/	Ohio	Germany	Germany	Keeping House	Mar 0		chronic diarrhoea				Whelock
40	Garret Lewis	30	M	W	/	Ind	France	France		May 0		chronic diarrhoea				(None)
44	Pierre Michel	15	M	W	/	Ind	France	Germany	Lebanon	Apr 0		inflammation of bowels				Anderson
61	Buch Lorinda	29	F	W	/	Ohio	Ohio	Ohio	Keeping House	Mar 0		simulating chill				(None)
66	McLachlan Kattie B.	12	F	W	/	Ind	Ind	Ohio		Apr 0		abscess of the head				Wizgil
79	Burning Hannah	9 1/2	F	W	/	Ind	Ind	Ind		Dec 0		Cholera				(None)
80	Schramm L. A.	49	M	W	/	Pa	Pa	Pa	Farmer	May 0		cons				Anderson
	Ranil		F	W	/	Ind	Germany	Germany		Dec 0		Still Born				(None)
	Vonderan Elisabeth	50	F	W	/	Ind	Ohio	Ind		Jan 0		cant tell				(None)
13	R. Child John Sterlin	-	F	W	/	Indiana				Jan 0		braniotomy				E. L. Wheelock
14	R. Cook Elizabeth H	40	F	W	/	"			Farmer's Wife	Mar 0		Exposure				Jas. J. Lottier

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.

Sis in the case of Michel Pier the last attending physician can not 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	Chronic Diarrhoea	Hæmorrhage	J. L. Kryden	13				25			
2	Child Birth	Peritonitis	J. L. Kryden	14				26			
3	Colic			15				27			
4				16				28			
5				17				29			
6	Abcess of Middle Ear	Infant	W. B. Hinton	18				30			
7	Consumption	Exhaustion	J. L. Kryden	19				31			
8				20				32			
9				21				33			
10				22				34			
11				23				35			
12				24				36			