

1 Note A - ins June 1, 1879 and ends May 31, 1880
 Note B - i an affirmative mark only will be used, thus /, except in the
 1 Divorced persons, column 8, when the letter 'D' is to be used.
 Note C - e entries in column 14, see back of this Schedule.

Enumeration Dist: 168

Note D - / if no Physician was in attendance, thus [None].

**SCHEDULE 5 - Persons who Died during the Year Ending May 31th 1880, in *New Portland* in the
 County of *Somerset*, State of *Maine*, enumerated by me, *Sullivan Williamson*, Enumerator**

Number of the family, as given in Schedule 1	Name of every person deceased	Description			Condition		Nativity			Occupation	Month of Death	Disease	How long Resident	Place of Death	Doctor
		Age	Sex	Color } White, Black, Mulatto, Chinese & Indian	Single	Married	Widowed / Divorced	Place of Birth	Father place of birth	Mother Place of birth					
3	Hoyt, Frank S	25	M	W		1		MA	MA	MA	Clerk in Store	Apr	Amemia	4 m	S A Bennett
22	Dennis, Ann W	67	F	W		1		ME	MA	ME	Keeping House	Oct	Typhoid Fever	60	J M Dennis
22	Hutchins, Eunice	74	F	W			1	ME	ME	ME	None	Jan	Paralysis	65	J M Dennis
101	Bartlett, Almira S	64	F	W		1		ME	ME	ME	Keeping House	Apr	Apoplexy	40	William H Stevens
111	Quinnt, Naomi	67	F	W		1		ME	ME	ME	Keeping House	Apr	General Debility	67	S A Bennett
129	Palmer, Tamar	72	F	W		1		ME	ME	ME	Keeping House	May	Cancer	72	E M Wing
163	Williams, Ann D	66	F	W		1		ME	ME	ME	Keeping House	Mar	Scissons	58	S A Bennett
198	Stevens, Jere C	67	M	W		1		ME	ME	ME	Farmer	Apr	Bryht Kidney	20	Ebenezer Humphrey
198	Stevens, George T	25	M	W	1			ME	ME	ME	Laborer	May	Heart Disease	20	None
211	Chapman, Vesta	24	F	W	1			ME	ME	ME	Teacher	Oct	Consumption	24	S A Bennett
243	Goulet, Benjamin	74	M	W			1	ME	ME	ME	Mason	Dec	Valoular Disease Heart	34	S A Bennett
185	Weymouth, Alonzo D	44	M	W		1		ME	ME	ME	Farmer	Feb	Brights Kidney Disease	12	C E Williams
160	Williamson, Rebecca	81	F	W		1		NH	NH	NH	Keeping House	Mar	Consumption	58	S A Bennett
279	Watson, Mahala	67	F	W		1		ME	ME	ME	Keeping House	Aug	Inflammation of Liver	50	S A Bennett
284	Hoyt, Moses	68	M	W		1		ME	NH	NH	Farmer	May	Congestion of Lungs	68	Ebenezer Humphrey
279	Harvey, Columbus	77	M	W			1	ME	ME	ME	Farmer	Oct	Inflamation of Bladder	25	S A Bennett
215	Hodsdon, Betsey	68	F	W		1		ME	ME	ME	Keeping House	Oct	Chronic Bronchitis	68	S A Bennett
PR	Drew Betsey	93	F	W			1	US	US	US	Keeping House	Oct	Old Age		S A Bennett
	Clarvree, Paescilla	21	F	W	1			US	US	US	Domestic	Aug	Consumption		S A Bennett
	Williamson, Geirge G	81	M	W		1		US	US	US	Farmer	Dec	Old Age		S A Bennett

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 enumeration district.

2nd 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.

A - 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:

A -
Line
#

Place where the Family of the deceased resided June 1 1880

Town	County	State

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

B -
Line
#

Place where death occurred

Town	County	State

REMARKS

on the 1st day of June 1880

The deaths reported above all occurred in this enumeration district and in families residing in this district

INSTRUCTIONS

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

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

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

meningitis as cerebra-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.

Line #	Cause of Death		Signature of the Attending Physician	Line #	Cause of Death		Signature of the Attending Physician	Line #	Cause of Death		Signature of the Attending Physician
	Primary	Immediate			Primary	Immediate			Primary	Immediate	
1	Correct		S A Bennett	13	Correct		S A Bennett	25			
2				14	Correct		S A Bennett	26			
3				15	Correct		E Humphry	27			
4				16	Correct		S A Bennett	28			
5	Correct		S A Bennett	17	Correct		S A Bennett	29			
6	Correct		E Humphry	18				30			
7	Correct		S A Bennett	19				31			
8				20				32			
9				21				33			
10	Correct		S A Bennett	22				34			
11	Correct		S A Bennett	23				35			
12				24				36			

