

Supervisor's Dist:

1

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.

Enumeration Dist:

172

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 31th 1880, in *Skowhegan* in the
County of *Somerset*, State of *Maine*, enumerated by me, *Cyrus H. Kelly*, 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						
1	Pierce, Esther	21	F	W	1			ME	ME	ME	Home	July	Consumption	21-Jan		J S Cushing
73	Weston, Clymann	47	F	W		1		ME	ME	ME	Keeping House	Jan	Consumption	47		W E Fellows
78	Vigue, Lucy	7	F	W	1			ME	CAN	CAN	Home	Dec	Diphtheria	7		G A Wilbur
77	Louis, Wallace	3	M	W	1			ME	CAN	CAN	Home	Mar	Diphtheria	3		C F Haynes
79	Jewett, Lovina	79	F	W			1	ME	ME	ME	Keeping House	Sept	Nervious ???	79		J S Cushing
	???? Emily	38	F	W			1	ME	ME	ME	Keeping House	Dec	Old Age	60		J S Cushing
128	Crotto, Bertha M	2	F	W	1			ME	CAN	ME	--	Jan	Diphtheria	2		C F Haynes
132	Mitchell, Mary	88	F	W			1	IRE	IRE	IRE	Home	Feb	Old Age	28		None
137	Gilblair, Abvin	78	M	W		1		CAN	CAN	CAN	???	Mar	Diphtheria	3		Emerson/Page
137	Gilblair, Frank	5	M	W	1			ME	ME	CAN	--	May	Diphtheria	5		S A Patten
151	Lessor John	10	M	W	1			ME	CAN	CAN	School	Dec	Diphtheria	10		S A Patten
	???? John	4	M	W	1			ME	ME	ME	???	Dec	???	4		C F Haynes
182	Bray, James	70	M	W		1		ME	MA	NH	Mason	Oct	Influenza	70		J S Cushing
210	Mills, Joseph	77	M	W		1		ME	ME	ME	Carpenter	Aug	Inflammation of Stomach	30		W E Fellows
222	Stinchfield, John	86	M	W		1		ME	MA	MA	???	May	Disease of Liver	68		C F Haynes
220	Robinson, Fred O	6	M	1	1			ME	ME	NB		Aug	Diphtheria	6		W E Fellows
216	Knight, William K	79	M	W		1		ME	ME	ME	None	Oct	Paralysis	33		S A Patten
	Pierce, Harriet H	93	F	W			1	ME	MA	MA	Home	Mar	Old Age	12		None
	Hodgdon, Reliance	81	F	W	1			ME	ME	ME	Home	June	Old Age	81		None
248	Weston, Albin	82	M	W		1		ME	MA	MA	Farmer	Sept	Heart Disease	82		J S Cushing
247	Mitchell ????	36	F	W	1			ME	ME	ME	???	July	???	3?		???
277	Varney, Laura M	13	F	W	1			ME	ME	NB	School	Mar	Consumption	13		J S Cushing
290	Pratt, Thomas L	51	M	W		1		ME	ME	ME	Farmer	Feb	Stoppage	27		Tash
292	Steward, Betsey	79	F	W	1			ME	ME	ME	Keeping House	Jan	Contusion on Head	79		G A Wilbur
291	Fletcher, Edwin	46	M	W			1	ME	ME	ME	Farmer	Aug	Consumption	46		C F Haynes
	Gilman, Alice	62	F	W			1	ME	ME	ME	Keeping House	Feb	Consumption	62		J S Cushing
303	Weston Juliette	30	F	W	1			ME	ME	ME	Teacher	Apr	Typhoid Fever	30		J S Cushing

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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.

REMARKS

26th line died in family 296 but previously line 26 & 25 had kept house together [brother & sister] in dog no 248 [another family in it now

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:

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:

A - Line #	Place where the Family of the deceased resided June 1 1880		
	Town	County	State
6	Skowhegan	Somerset	Maine
12	Skowhegan	Somerset	Maine
17	Boston	Suffolk	Massachusetts
18	Fairfield	Somerset	Maine
B - Line #	Place where death occurred		
	Town	County	State
9	Bucksport	Hancock	Maine
21	Skowhegan	Somerset	Maine

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		J S Cushing	13	Ulersation of Stomach		J S Cushing	25	Phthisis		C F Haynes
2	Correct		W E Fellows	14	Stomach		W E Fellows	26	Correct		J S Cushing
3	Correct		C A Wilbur	15	Old Age		C F Haynes	27	Correct		J S Cushing
4	Correct		C F Haynes	16	Correct		W E Fellows	28			
5	Prostration	Old Age	J S Cushing	17	Pneumonia		S A Patten	29			
6	Correct		J S Cushing	18				30			
7	Correct		C F Haynes	19				31			
8				20	Ulersation of Stomach		J S Cushing	32			
9				21	Correct		W E Fellows	33			
10	Diphtheria		S A Patten	22	Correct		J S Cushing	34			
11	Diphtheria		S A Patten	23				35			
12	Hydrorapholus		C F Haynes	24	Correct		C A Wilbur	36			

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

Enumeration Dist:

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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 31th 1880, in *Shoowegan* in the County of *Somerset*, State of *Maine*, enumerated by me, *Cyrus H. Kelly*, Enumerator

[illegible]

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.

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A -
Line
#

Place where the Family of the deceased resided June 1 1880

Town			County	State

B -
Line
#

Place where death occurred

Town			County	State

REMARKS

INSTRUCTIONS

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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

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	Primary	Immediate			Primary	Immediate			Primary	Immediate	
1	Correct		J S Cushing	13	Suicide		J S Cushing	25			
2				14				26			
3	Inflammation of Heart		G A Wilbur	15				27			
4	Consumption		J S Cushing	16				28			
5				17				29			
6	Hydrocephalus		C F Haynes	18				30			
7				19				31			
8	Correct		C F Haynes	20				32			
9				21				33			
10	Old Age		J S Cushing	22				34			
11				23				35			
12	Enlargement of Prostate		C F Haynes	24				36			



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Enumeration Dist:

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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 31st 1880, in *Shawhegan* in the**County of *Somerset*, State of *Maine*, enumerated by me, *Cyrus F. Kelly*, 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				
28	Leavitt, Martha R	49	F	W		1								
38	Lambert, Mary	28	F	W		1								
42	Priest, Jessie	9	F	W	1									
54	Pike, Moses H		M	W			1							
20	Haynesm Agnes	7	F	W	1									
32	Jervite, John R	19	M	W	1									
42	Whittier, Eugene	1	M	W	1									
47	Getchell, Eddie	5	M	W	1									
44	White, Cynthia	70	F	W			1							
47	Getchell, Delia	3	F	W	1									
57	Spaulding, Berhter	11	F	W	1									
57	Spaulding, Bessie	6	F	W	1									
58	Brawn, Harroit	80	F	W			1							
73	Filleburn, William	1	M	W	1									
74	Prince, Angetia	14 m	F	W	1									
46	Downs, Frank	5	M	W	1									
101	Murphy, Maria	45	F	W		1								
116	Farmington, Dodsreas	66	F	W		1								
140	Cayoett, Mary	2	F	W	1									
146	Vallier, Cora	4	F	W	1									
149	Lesor, Wallac	6	M	W	1									
159	Cayoett, Oval	3	M	W	1									
161	Demo, Angie	5	F	W	1									
162	Goodrow, Rosie	11 m	F	W	1									
166	Forty, Eddie	8	M	W	1									
171	Mousre, Abby	62	F	W			1							
211	Pooler, Rose	3 w	F	W	1									
218	Pooler, Fred E	6	M	W	1									
218	Pooler, Edwin	2	M	W	1									
307	Jones, Charles H	60	M	W		1								
312	Archer, Ellen	24	F	W		1								
310	Fletcher, Eunice	29	F	W		1								
342	Lambert, Mary	34	F	W		1								
372	Dore, Sarah	10 m	F	W	1									
376	Mitchell, George	2	M	W	1									
397	Mith, Homer	2	M	W	1									
414	Bigelow, Artenus	78	M	W		1								

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A -
Line

B -
Line
#

Place where the Family of the deceased resided June 1 1880

Town	County	State

Place where death occurred

Town	County	State

REMARKS: *Seen by Wilbur when moribound only & seen only once when far gone.*

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	Primary	Immediate			Primary	Immediate			Primary	Immediate	
1	Cancer		J S Cushing	13				25	Correct		J S Cushing
2				14				26	Stanosos		C F Haynes
3	Correct		J S Cushing	15				27			
4	Paralysis	Comma	G A Wilbur	16	Correct		J S Cushing	28			
5	Consumption		Haynes/Cushing	17	Correct		C F Cushing	29			
6	Consumption		C F Haynes	18	Emberlism		C F Cushing	30	Bronchitis		J S Cushing
7	Correct		J S Cushing	19				31	Paerferal Fever		J S Cushing
8				20	Diphtheria		G A Wilbur	32	Correct		C F Haynes
9	Apoplexy		C F Haynes	21	Correct		C F Cushing	33			
10	Consumption		J S Cushing	22	Hydroa		J S Cushing	34			
11				23	Diphtheria		G A Wilbur	35			
12				24	Hydroa		G A Wilbur	36	Correct		J S Cushing

37 Correct

J S Cushing