Note B - In making entries in columns 6, 7 and 8 an affirmative mark only will be used, thus /, except in the

Supervisor's Dist: 1 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: 174 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 Solon in the

## County of Somerset, State of Maine, enumerated by me, & & Gordon, Enumerator

									1		1					
y, as	Name of every person deceased	Description			Condition			Nativity		у				4		
Number of the family, as given in Schedule 1		Age	Sex	Color } White, Black, Mulatto, Chinese & Indian	Single	Married	Widowed /. Divorced	Place of Birth	Father place of birth	Mother Place of birth	Occupation	Month of Death	Disease	How long Resident	Place of Death	Doctor
15	Wilber Olive L	73	F	W			W	ME	ME	ME	House Keeping	July	Consumption			DS Hunnewell
30	Cate, Ernest L	13	M	W	S			ME	ME	ME	At School	Apr	Scarlitenea			DS Hunnewell
31	Benson, George	23	M	W	S			ME	ME	ME	Laborer	June	Sucide by Morphine	23		DS Hunnewell
120	Smith, Jane F	86	F	W			W	ME	ME	ME	House Keeping	Feb	Old Age	86		J W Moore
122	Brit, Sarah	82	F	W			W	ME	ME	ME	House Keeping	May	Old Age			None
146	Lake, Mary J	20	F	W	S			ME	ME	ME	House Keeping	Apr	Consumption	20		DS Hunnewell
146	Lake, John H	77	M	W		M		ME	ME	ME	Farmer	Apr	Consumption	77		DS Hunnewell
147	Berry, Anna E	28	F	W		M		ME	ME	ME	House Keeping	Sept	Consumption	28		DS Hunnewell
147	Berry, Sunmer	1m	M	W	S			ME	ME	ME		Aug	Consumption			DS Hunnewell
147	Andrews, William	8m	M	W	S			ME	ME	ME		May	Pneumonia			DS Hunnewell
156	Longley, Joseph	72	M	W		M		ME	ME	ME	Farmer	Mar	Heart Disease	29		Dr Toby
156	Longley, Mary H	22	F	W	S			ME	ME	ME	House Keeping	Oct	Tumor	22		Dr Tibs
174	Sheply, Archier	2m	M	W	S			ME	ME	ME		June	Congestion of Lungs	1m		William Tasble
186	Dearborn, Jeferson	72	M	W	S			ME	ME	ME	Farmer	June	Shock, Palsy			DS Hunnewell
189	York, Harry	1m	M	W	S			ME	ME	ME		Dec	Convluions	72		DS Hunnewell
203	Baker, Frank	82	M	W		M		ME	ME	ME	Farmer	Nov	Heart Disease	70		DS Hunnewell
203	Buckman, Olive	69	F	W	S			ME	ME	ME	Tailoress	Apr	Consumption	69		DS Hunnewell
209	Chase, Steward R	17	M	W	S			ME	ME	ME	Laborer	Apr	Euyleplus	17		JP Brown
210	Rogers, Celia	76	F	W		M		ME	ME	ME	House Keeping	Mar	Pneumonia	76		DS Hunnewell
211	McIntire, Pamelia	58	F	W		M		ME	ME	ME	House Keeping	July	Apoplexy	58		DS Hunnewell
217	Hamblett, Maria	67	F	W			W	ME	ME	ME	House Keeping	Apr	Cancer of Stomach			JW Moore
236	Hunnewell, Richard	75	M	W		M		ME	ME	ME	Farmer	Oct	Consumption	75		William Tasble
240	Irvin, William	40	M	W	S			ME	ME	ME	Laborer	Nov	Drowing	40		
	Smith, Timothy	77	M	W		M		ME	USA	USA	Farmer	Aug	Paralysis			

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:

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:

[7-222]

A - Line	Place where t	d June 1 1880		
#	Town	County	State	
В-				
Line	Place where d	leath occurred		
#	Town	County	State	

## **REMARKS**

## **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 case 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 would 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 "stillbirths," 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	Line #		Cause of Death	Signature of the	Line #	Cause of Death		Signature of the
Line #	Primary	Immediate	Physician Physician	Life #	Primary	Immediate	Attending Physician	Line #	Primary	Immediate	Attending Physician
1				13				25			
2				14				26			
3				15				27			
4				16				28			
5				17				29			
6				18				30			
7				19				31			
8				20				32			
9				21				33			
10				22				34			
11				23				35			
12				24				36			