

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 round of neck, &c. So also for abscess, aneurism, cancer, carbuncle, dropsy, tumor, ulcer, specify the organ or part affected, as *the 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 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 eving 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 Case as reported on the reverse side of this sheet.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.	Number of the Case as reported on the reverse side of this sheet.	CAUSE OF DEATH.		SIGNATURE OF THE ATTENDING PHYSICIAN.
	Primary.	Immediate.			Primary.	Immediate.	
1	Consumption		Joseph Hunter	10	Consumption		Joseph Hunter
2	Consumption		John E. Hill	11	Consumption		John E. Hill
3	Consumption		Joseph Hunter	12	Consumption		Joseph Hunter
4	Consumption			13	Consumption		
5	Consumption			14	Consumption		
6	Consumption			15	Consumption		
7	Consumption			16	Consumption		
8	Consumption			17	Consumption		
9	Consumption			18	Consumption		
10	Consumption			19	Consumption		
11	Consumption			20	Consumption		
12	Consumption			21	Consumption		

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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 (Nec.)

SCHEDULE 5.—Persons who DIED during the Year ending May 31, 1880, enumerated by me in *Macoupin*, **State of** *Ill*, **in the County of** *Stu Conrad*, **Enumerator.**

Line	Name of the person deceased.	Sex	Age	Color	Married	Whether	Place of birth of this person, naming the State or Territory of the U. S., or the county, if of foreign birth.	Where and when the father of this person born? (As to country.)	Where was the mother of this person born? (As to country.)	Profession, Occupation or Trade.	The month in which the person died.	Disease or cause of death.	If the disease was not the cause of death, state the place.	Name of attending Physician.
48	Mary Hunter	F	16	W	1		Ohio	Georgia	Ohio	Keeping house	April	Scarlet fever		
49	Evie Sawyer	F	1	W	1		Illinois	Ill	Ill	Farmer	July	Cholera Infantum		
68	William C. Hunter	M	36	W	1		Illinois	Tennessee	Tennessee	Farmer	May	Dropsy		
100	Deat Horn	M	50	F	W	1	Ill	Missouri	Ill		Sept	Scarlet fever		
105	Elizabeth S. Cox	F	80	F	W	1	Ohio	Connecticut	Ohio	Keeping house	March	Consumption of lungs		
112	Lewis Seale	M	7	M	W	1	Illinois	Germany	Illinois	Farmer	Nov	Consumption		
135	David Lead born	M	65	M	W	1	Illinois	Illinois	Ill		April	Consumption		
145	Shirley George A.	F	1	M	W	1	Ill	Germany	Ill		January	Pneumonia		
145	Elmer	M	30	M	W	1	Ill	Ill	Ill		May	Consumption		
148	Thompson, P. Carroll	M	11	M	W	1	Illinois	Ireland	Ireland	Worker on farm	October	Pneumonia		
152	Wm. M. Peters	M	58	M	W	1	Ill	Tenn	Tenn	Farmer	June	Consumption		
162	Langston Jones	M	64	F	W	1	Virginia	Ireland	Ireland	Keeping house	March	Pneumonia		
182	John F. Hill	M	2	M	W	1	Ill	Ill	Ill		Dec	Typhoid fever		
188	Aron Walker	M	62	M	W	1	Kentucky	Ky	Ky	Farmer	March	Consumption		
188	David Lead born	M	58	M	W	1	Illinois	Ill	Ill		May	Consumption		
228	Wm. M. Silvery	M	2	F	W	1	Ill	Ill	Illiana		Dec	Consumption		
228	Robinson	M	40	M	W	1	Ill	Ill	Ill		Jan	Pneumonia		
228	Walter H. H.	M	44	M	W	1	Ill	Ill	Ill		Jan	Consumption		
228	Robert Jones	M	30	M	W	1	Ill	Ill	Ill		Jan	Consumption		

Note B.—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 (50), meaning that the best estimate of the age that can be given is 50 years.

Number of the case which was reported above.	Place where the family of the deceased resided June 1, 1880.	Number of the case which was reported above.	Place where the death occurred.
1	Town.	1	Town.

Number of the case which was reported above.	Place where the death occurred.
1	Town.

REMARKS.

I certify that I have this day completed the enumeration of the district assigned me, and that the entries have been true and truthfully made in accordance with law, and my oath of office taken June 25th 1880.

Stu Conrad
 Enumerator
 District 114