1880 FEDERAL MORTALITY SCHEDULE

State- County- Town/Township-

Family number as given in column 2 – schedule 1.	Name of the person deceased	Personal Description			Deceased status			Nativity			Profession, Occupation, or Trade	The month in which the person died.	Disease or cause of death.	How long a resident of the county?	If the disease wasn't contracted at place of death, then where?	Name of attending Physician.
		Age at last birthday.	Sex	Color - (White, Black, Mulatto, Chinese, Indian)	Single	Married	Widowed / Divorced	The deceased place of birth, naming the State or Territory – or the Country, if of foreign birth.	Where was the father born?	Where was the mother born?						
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**

Remarks:_____