

FEDERAL DIVISION
BREMERSON DISTRICT
NOME
ALASKA

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U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1950 CENSUS OF POPULATION AND HOUSING
ALASKA

FORM P82

1. HAVE GREETED AT ENTER
 2. ENUMERATOR'S SIGNATURE
 3. CHECKED BY

SHEET NO. _____

FOR HEAD OF HOUSEHOLD						FOR ALL PERSONS												FOR PERSONS 14 YEARS OF AGE AND OVER														
NAME	RELATIONSHIP	RACE	SEX	How old was he or she last birthday?	Is he or she married, widowed, divorced, separated, or married?	Where was he born?	Is he or she naturalized?	What is the highest grade of school that he has attended?	Has he been in the U. S. Armed Forces during the war?	What was his occupation during most of last week?	Did this person do any work at all last week, not counting the house?	Was this person looking for work?	Even though he didn't work last week, does he have a job or business at home?	Last year, how much money did he earn working as an employee for wages or salary?	Last year, how much money did he receive from interest, dividends, or other income?	Last year, how much money did he receive from pensions, annuities, or other income?	Did he work for the Government?	What kind of work did he do?	In what kind of business or industry did he work?	Class of Worker	Last year, how much money did he earn working as an employee for wages or salary?	Last year, how much money did he receive from interest, dividends, or other income?	Last year, how much money did he receive from pensions, annuities, or other income?									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19a	19b	19c	20	21	22	23	24	25a	25b	25c	26a	26b	26c	27

HOUSEHOLD CONTINUED ON NEXT SHEET

CODES TO BE USED IN ITEMS INDICATED

ITEM 15. CODES FOR HIGHEST GRADE ATTENDED

ITEM 18. CODES FOR RESIDENCE A YEAR AGO

FOOTNOTES

PER DISTRICT OFFICE USE ONLY

Number of sheets in this sheet: **30**

Number of units which have been completed in this sheet: **30**

Number of persons enumerated in this sheet: **30**

Item 15. Codes for highest grade attended: 0 None, 1 Elementary school, 2 High school, 3 College, 4 University or higher.

Item 18. Codes for residence a year ago: 0 Alaska, 1 Hawaii, 2 Continental United States, 3 Other U. S. possession, 4 Canada, 5 Other foreign country.

HOUSING ITEMS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17a	17b	18	19
Serial number of building card	TYPE OF LIVING QUARTERS House or apartment (including check or option) 1 Yes 2 No, not defined yet 3 Trailer 4 Non-habitable unit quarters in hotel, large rooming house, institution, military installation, etc. (including check, do not use remaining blank)	EXTERIOR MATERIAL 1 Wood 2 Log 3 Masonry 4 Steel, metal 5 Other	NUMBER OF WALLS 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 20 20 21 21 22 22 23 23 24 24 25 25 26 26 27 27 28 28 29 29 30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 38 39 39 40 40 41 41 42 42 43 43 44 44 45 45 46 46 47 47 48 48 49 49 50 50 51 51 52 52 53 53 54 54 55 55 56 56 57 57 58 58 59 59 60 60 61 61 62 62 63 63 64 64 65 65 66 66 67 67 68 68 69 69 70 70 71 71 72 72 73 73 74 74 75 75 76 76 77 77 78 78 79 79 80 80 81 81 82 82 83 83 84 84 85 85 86 86 87 87 88 88 89 89 90 90 91 91 92 92 93 93 94 94 95 95 96 96 97 97 98 98 99 99 100 100	CONSTRUCTION OF UNIT 1 Detached 2 Attached 3 Semi-detached 4 Other	We have had (number) persons who live here or moved since any tenancy? (Include lodgers) (Other persons staying here who live in same structure?) (Add names on other side if necessary) (Enter correct number of persons) (If not known) A Occupied entirely by nonresidents B Vacant	When was this structure built? (If built in 1960 or after, enter as of 1960) Year (If built before 1960, check one box) 61 1960-1969 62 1970-1979 63 1980-1989 64 1990 or before	Was this structure built for year-round occupancy? 1 Yes 2 No	How many rooms are in this unit, not counting bath-rooms? (Do not include) (Do not include)	WATER SUPPLY 1 Piped running water into the structure 2 Piped running water into the structure (hand pump, well, spring) 3 Hand pump, well, spring 4 None, creek, etc.	TYPE OF TOILET 1 Flush toilet inside the structure 2 Flush toilet outside the structure (hand pump, well, spring) 3 Privy, outhouse, or chemical toilet 4 No toilet for this unit	TOILET-EXCLUSIVE USE 1 For the unit's exclusive use 2 Shared with another unit 3 No toilet for this unit	INSTALLER BATH-TUB OR SHOWER 1 For the unit's exclusive use 2 Shared with another unit 3 No bathtub or shower for this unit	Does this unit have electric lighting? 1 Yes 2 No	Is there a radio in this unit? 1 Yes 2 No	KITCHEN SINK 1 For the unit's exclusive use 2 Shared with another unit 3 No kitchen sink for this unit	OCCUPANCY 1 Occupied by owner 2 Occupied by tenant 3 Occupied part time 4 Vacant	VALUE OR RENT (See each unit's property card) What is the monthly rent for this unit? 1 For rent 2 For sale only 3 Not for rent or sale	How is this unit heated? 1 Piped system or hot water 2 Warm air furnace 3 Other furnace 4 Other system 5 No heat 6 Not heated 7 Vacant	What fuels used in heating? 1 Coal or coke 2 Wood 3 Liquid fuel 4 Electricity 5 Other fuel 6 Not heated 7 Vacant