

Fully Convolutional Neural Networks for Page Segmentation

Seth Stewart, BYU



Overview

1. **What is Page Segmentation?**
2. Neural Network Architectures for Page Segmentation
 - a. (How to build your own Neural Network for a Document Pixel Labeling task)
3. Handling overlapping content in document images
4. A natural extension to OCR
5. Challenges and Frontiers

Page Segmentation

The novel that launched the Beats, the hippies and designer jeans turns 50. But this legendary 'joyride' is actually the saddest book you'll ever read—even with God on every page. Time for another look.



ON THE ROAD

BY DAVID GATES

JACK KEROUAC'S "ON THE ROAD" GETS THE FULL 50TH anniversary treatment next month, and hardcore readers and hand-wringers acknowledge that it radically changed American culture—somehow or other. True, the National Quiet Desperation Index has only risen since 1957, and if the book's exaltation of junkie cars and diner food had really taken hold, we'd have fewer SUVs and fast-food franchises. But "On the Road" showed, and continues to show, generations of young readers a more intimate, more passionate... and more loosely examined—life. Some who've lost America's archetypal road to live it themselves die on the streets. Others have refetched the American sensibility, to music, art, fashion, or in simply learning to kick back and take pleasure in pleasure. This book has stayed in touch with early readers would say, forever.

Yet when the novel—which might now be called "creative nonfiction"—appeared, its events were already 10 years in the past (and in 1947, when Kerouac (Sal Paradise in the book) hit the road, the America that showed him was already dying). Even before help—apparently the only worthwhile product of modernity—was in decline, from Charlie Parker hot to West Coast cool, Kerouac mostly loved the wistful of the Great Depression of the '30s; the hobos, hitchhikers, migrant workers and good pain (like just trying to get by "As those days," a cowboy tells Sal, "you'd see hundreds of men riding a horse... all kinds of men out of work and going from one place to another, and some of them just wandering..."). Breakers never used to bother you in those days... I don't know about today's Paradise, but, it bothers).

ERISER, has issued a "50th Anniversary Edition" which made use the editors we couldn't be bought on the 49th anniversary except for its reproduction of Gilbert Millstein's present review in The New York Times of Sept. 5, 1957. Millstein called the novel's publication "an historic occasion" back then, such as an insertion in the paper of record guaranteed it would be printed and "backed" (On the other hand, no-one-but the Norman Redburn wrote in "Parade Review" that the implicit message of "On the Road" was "Kill the intellectual who can talk coherently, hit the people who can sit still for five minutes at a time, kill these incoherent/unreasonable characters who are capable of getting seriously involved with a woman, a job, a cause." (Was he smoking "tea")? Over the years, Redburn has probably done more for Kerouac's career than Millstein).

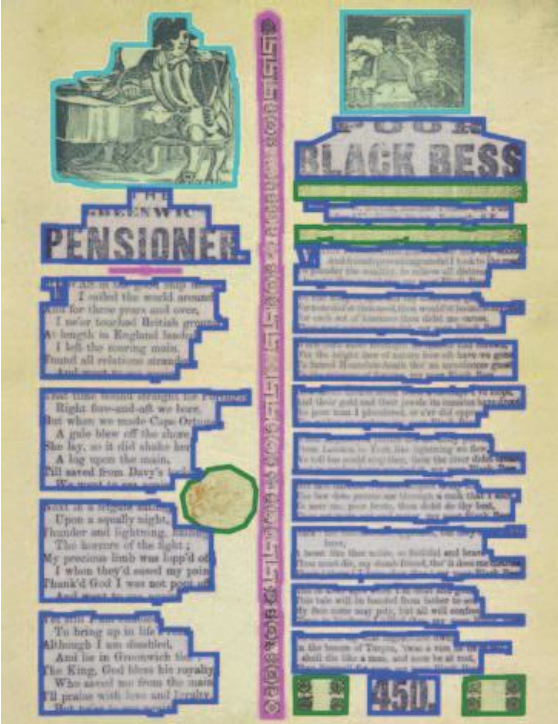
The Library of America will observe the anniversary with a volume of five "road novels": "On the Road"; "The Dharma Bums"; "The Subterraneans"; "Desire"; and "Lonesome Traveler," as well as a selection of journal entries. (But not the powerful, terrifyingly depressing "Big Sur" compared with which "On the Road" is a joyful romp.)

Jack Kerouac, the original publisher of Allen Ginsberg's "Howl"—which had its 50th anniversary last year—is getting out "You'll Be Old," a posthumous memoir by Kelly Kerouac-Parkes, who served a brief term as Kerouac's first wife—his "fifth" wife," he said. As usual with his wives, she got nice, not just for good behavior.

Kerouac-Parkes never over the fulfillment and lack of meaning of my youth, and the best memories of it were the morning and carriage a comb for his cowboy. It was the scariest of his rants. She also had a final row seat for the premiere of the Sal-and-Den show, which became the heart of "On the Road." Neal Cassidy, Dean Moriarty in the novel, was a poet, man, sci-fi-fan and boy-fod, but he urged Kerouac to take to the road, and because Kerouac was so fulfilled in the moment she the doppleganger, who finally, just loved him and had to be had.

How fitting that the road gods—just attention, Viking, the book's original publisher.

AUGUST 13, 2007 NEWYORK 23



WAGGESS

PENSIONER

1951

TECHNOLOGIST

Andrea Tziortzis

Steal These Books Online

PAULO COELHO IS NOT THE LITERARY WORLD'S MOST ACTIVE With six novels, but he's certainly its most prominent. The Brazilian author has sold more than 100 million books, which include 14 short-story collections and the novel "The Alchemist." He has been a fan of the Internet since the early 1990s. He spends at least three hours a day online, writing e-mails back and forth with readers and posting photos...

BLOGGRAM

Pictures That Move In 3-D

3-D MOVIE MENTOR Photojournalist Robert Taylor was starting with still photos by using the medium of the electronic microscope when he was working on the book "The Eye and the Camera." The first work was "The Eye and the Camera," which was published by the National Geographic Society. Taylor has since then been back to back with the National Geographic Society, and he has been back to back with the National Geographic Society, and he has been back to back with the National Geographic Society...

TO OUR READERS

Our Eyes and Ears

One veteran correspondent returns to Baghdad to evaluate the war, and he honors another as he prepares to take her final bow

PAULO COELHO IS CHANGING AT A RISK: A BETTER MODEL THAT IS GAINING MOMENTUM AMONG READERS, IF NEITHER SUCCESS, AUTHORS.

OUR EYES AND EARS Paolo Coelho is changing at a risk: a better model that is gaining momentum among readers, if neither success, authors.

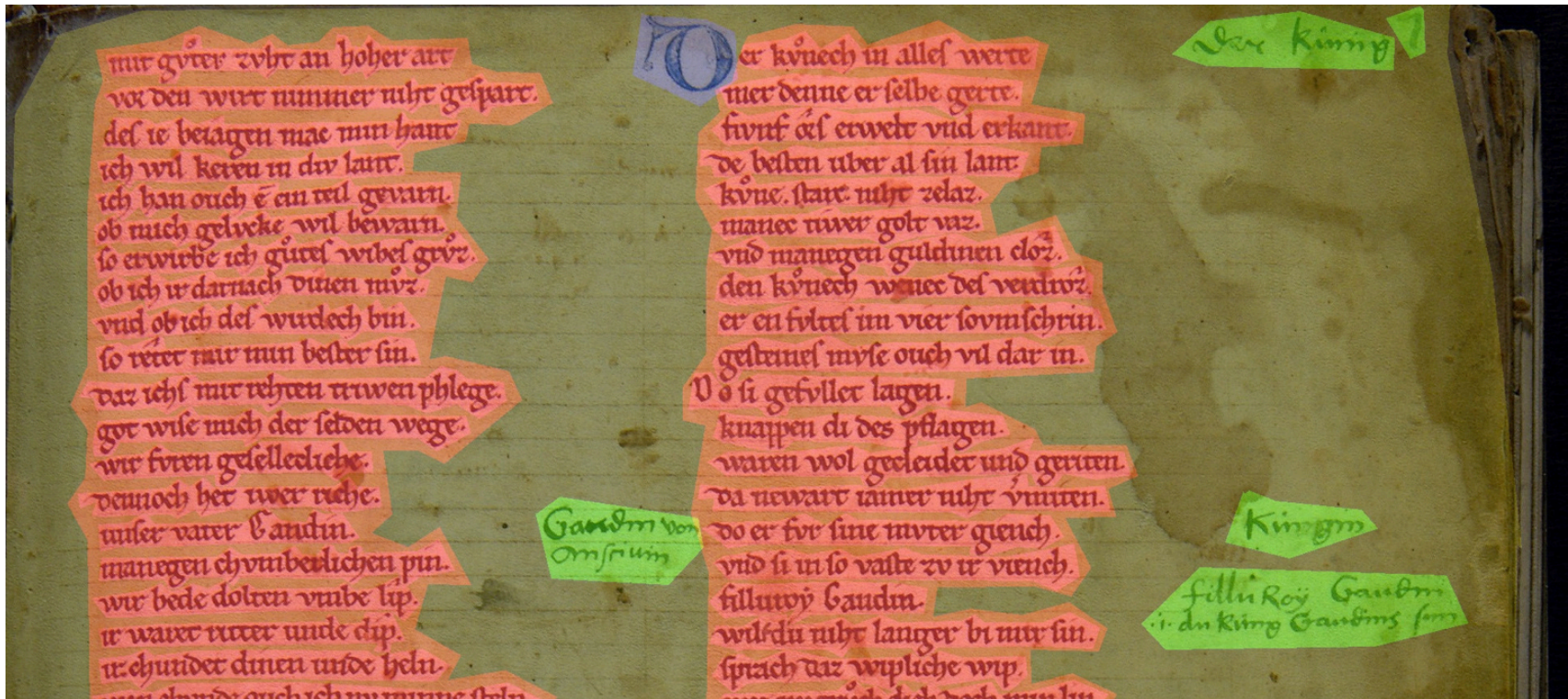
OUR EYES AND EARS

OUR EYES AND EARS Paolo Coelho is changing at a risk: a better model that is gaining momentum among readers, if neither success, authors.

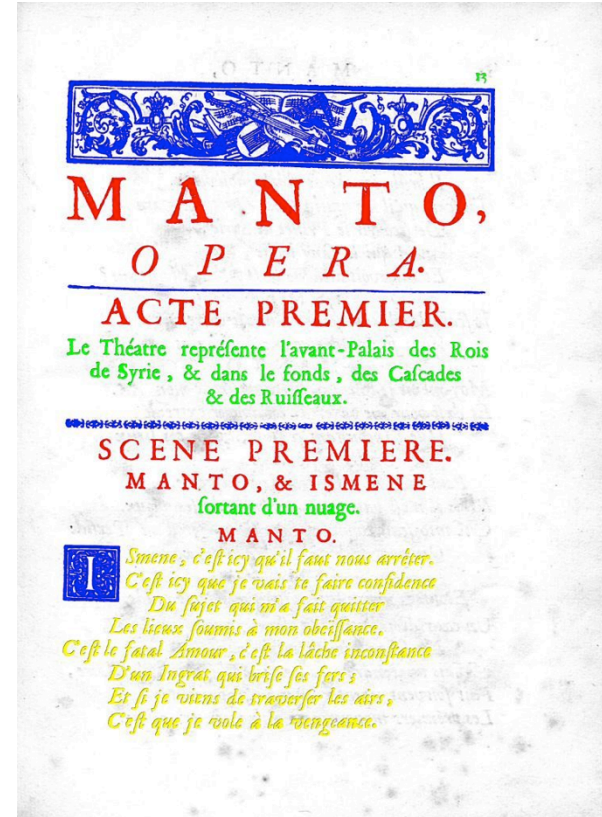
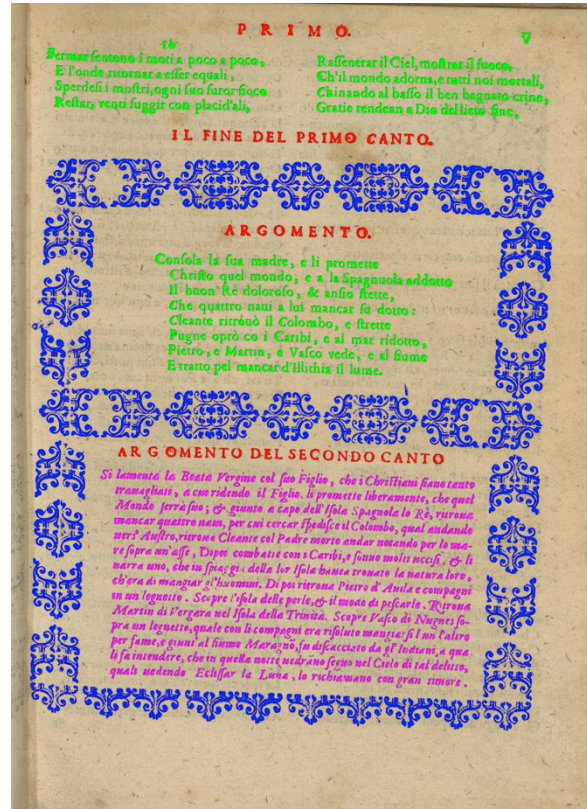
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OUR EYES AND EARS Paolo Coelho is changing at a risk: a better model that is gaining momentum among readers, if neither success, authors.

Page Segmentation



Superpixel & Pixel Labeling



Maroua Mehri, Pierre Héroux, Petra Gomez-Krämer, and Rémy Mullot. 2017. Texture feature benchmarking and evaluation for historical document image analysis. *Int. J. Doc. Anal. Recognit.* 20, 1 (March 2017), 1-35. DOI: <https://doi.org/10.1007/s10032-016-0278-y>

Maroua Mehri, Pierre Héroux, Rémy Mullot, Jean-Philippe Moreux, Bertrand Couâsson, and Bill Barrett. 2017. Historical Book Analysis Competition. Organization website. <http://icdar2017nba.litlab.eu/index.php/dataset/>. Accessed 9 Oct 2017.

Pixels in the Wild

1 billion images @ 12 MP each =
12x10¹⁶ pixels (12 Petapixels)

STATE OF OHIO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 499 File No. 23
County Registration District No. 2526 Registered to 23
William C. Carter, Morn.

STATE OF OHIO
Bureau of Health File No. 840
TOWNSHIP OF Norwalk **STATE OF UTAH—DEATH CERTIFICATE**
Village or Moon No. 610
City Ann Sharp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Ann Sharp

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
DATE OF BIRTH April 10, 1853 (Month) (Day) (Year) that I last saw her alive on June 16, 1919 and that death occurred, on the date stated above, at P.
AGE 81 yrs. 2 mos. 6 ds. The CAUSE OF DEATH* was as follows:
Arteriosclerosis of Arteries
BIRTHPLACE England (State or country) (Duration) yrs. mos. ds. 6 mos. 6 ds.
MOTHER'S NAME Thomas Melan. (State or country) (Duration) yrs. mos. ds. 6 mos. 6 ds.
FATHER'S NAME England (State or country) (Duration) yrs. mos. ds. 6 mos. 6 ds.
MOTHER'S NAME England (State or country) (Duration) yrs. mos. ds. 6 mos. 6 ds.
FATHER'S NAME England (State or country) (Duration) yrs. mos. ds. 6 mos. 6 ds.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24, 1919 (Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from Feb 20, 1919, to Feb 24, 1919, that I last saw her alive on Feb 23, 1919, and that death occurred, on the date stated above, at L.A.M.
The CAUSE OF DEATH* was as follows:
Right Lobar Pneumonia
Occupation Retired Laborer
BIRTHPLACE Ohio (State or country) (Duration) yrs. mos. ds. 4 mos. 4 ds.
MOTHER'S NAME Patrick Martin (State or country) (Duration) yrs. mos. ds. 4 mos. 4 ds.
FATHER'S NAME Ireland (State or country) (Duration) yrs. mos. ds. 4 mos. 4 ds.
MOTHER'S NAME Frances Nestor (State or country) (Duration) yrs. mos. ds. 4 mos. 4 ds.
FATHER'S NAME Ireland (State or country) (Duration) yrs. mos. ds. 4 mos. 4 ds.

CERTIFICATE AND RECORD OF MARRIAGE

STATE OF NEW YORK. No. of Certificate 2525
THE CITY OF NEW YORK. DEPARTMENT OF HEALTH.
I, Peter Toporoch (Groom) and Saracovia Paroska (Bride)
Groom's Residence 135 Moore St. Bride's Residence 237 Moore St.
Groom's Age 43 Bride's Age 49
Groom's Color White Bride's Color White
Groom's Single, Widowed or Divorced Single Bride's Single, Widowed or Divorced Single
Groom's Occupation Motorman B. & O. Bride's Occupation Single
Groom's Birthplace Austria Bride's Birthplace Austria
Father's Name Peter George Toporoch Father's Name Jacob
Mother's Maiden Name Eng. Olesing Mother's Maiden Name Anna Shevchuk
Groom's Residence 135 Moore St. Bride's Residence 237 Moore St.

I hereby certify that the above-named groom and bride were joined in Marriage by me, in accordance with the Laws of the State of New York, at 135 Moore St. (Street) (City) (County) (State) in the Borough of Norwalk, City of New York, this 27 of August, 1919.

Witness to Marriage William Kozarick Registrar Pa. White Solony
Norwalk District Residence 100 p. 5th St.

Form V. S. No. 11-50M-8-20-17

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.
County of Huron
Township of Norwalk Registration District No. 626 File No. 11899
or
Village of Norwalk Primary Registration District No. 4934 Registered No. 26
or
City of Norwalk (No. 4934 St. Norwalk Ward 26)

FULL NAME Fredrick Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
DATE OF BIRTH May 1st, 1878 (Month) (Day) (Year)
AGE 70 yrs. 9 mos. 22 ds. (If LESS than 1 day, hrs. or min.?)
OCCUPATION Retired Laborer
BIRTHPLACE Ohio (State or country) (Duration) yrs. mos. ds. 42

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24, 1919 (Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from Feb 20, 1919, to Feb 24, 1919, that I last saw her alive on Feb 23, 1919, and that death occurred, on the date stated above, at L.A.M.
The CAUSE OF DEATH* was as follows:
Right Lobar Pneumonia
Occupation Retired Laborer
BIRTHPLACE Ohio (State or country) (Duration) yrs. mos. ds. 4 mos. 4 ds.
MOTHER'S NAME Patrick Martin (State or country) (Duration) yrs. mos. ds. 4 mos. 4 ds.
FATHER'S NAME Ireland (State or country) (Duration) yrs. mos. ds. 4 mos. 4 ds.
MOTHER'S NAME Frances Nestor (State or country) (Duration) yrs. mos. ds. 4 mos. 4 ds.
FATHER'S NAME Ireland (State or country) (Duration) yrs. mos. ds. 4 mos. 4 ds.

HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sarah Martin (Address) Norwalk, O.
Filed 27 Aug, 1919 Pa. White Solony Registrar

11-3184

STATE OF OHIO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 499 File No. 23
County Registration District No. 2526 Registered to 23
William C. Carter, Morn.

FULL MAIDEN NAME Eleanor Rampa MOTHER Rampa
RESIDENCE Leipsic, O.
CHILD OR CHILDREN White AGE AT LAST BIRTHDAY 23
BIRTHPLACE Ohio
OCCUPATION Launderer
Number of children, of this mother, now living 4

ATTENDING PHYSICIAN OR MIDWIFE*
his child, and that it occurred on Apr. 19, 1910 at 110 p. 11
(Signature) Wiley D. Hickey
Physician
(Physician or Midwife.)
Address Leipsic, Ohio
Filed Apr. 19, 1910 John E. Ryan Registrar

1919 Ohio Death Record

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4. A natural extension to OCR
5. Challenges and Frontiers

PLACE OF DEATH
 COUNTY of Maricopa Registration District No. 636 File No. 11899
 City of Phoenix Primary Registration District No. 49326 Registered No. 56
 F. I. No. 10 Sex M Race W Date of Birth July 12 1889
 Full Name Richard Martin

PERSONAL AND STATISTICAL PARTICULARS
 SEX Male COLOR White HAIR Black EYES Blue
 OCCUPATION Electrician PLACE OF BIRTH Chicago Ill

MEDICAL CERTIFICATE OF DEATH
 I HEREBY CERTIFY that I viewed the body of Richard Martin on July 12 1905 at 108 East 1st St. and the death occurred on the date stated above at 108 East 1st St.
 Signature Richard Martin

PLACE OF DEATH
 COUNTY of Maricopa Registration District No. 636 File No. 11899
 City of Phoenix Primary Registration District No. 49326 Registered No. 56
 F. I. No. 10 Sex M Race W Date of Birth July 12 1889
 Full Name Richard Martin

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 OCCUPATION Electrician PLACE OF BIRTH Chicago Ill

MEDICAL CERTIFICATE OF DEATH
 I HEREBY CERTIFY that I viewed the body of Richard Martin on July 12 1905 at 108 East 1st St. and the death occurred on the date stated above at 108 East 1st St.
 Signature Richard Martin

Form 7, R
 7-1905
 This is a Permanent Record
 is a SEPARATE RETURN
 in order of birth, stated
 on child's name
 SURVED
 BINDING
 ing Ink

PLACE OF BIRTH March 7 1905 STATE OF CHILD Arizona
 COUNTY of Cuyahoga DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF BIRTH
 Township of _____ Registration District No. _____ File No. _____
 City of Cleveland Primary Registration District No. _____ Registered No. _____
 No. _____ Ward _____
 (If birth occurred in a hospital or institution, give name instead of street and number!)

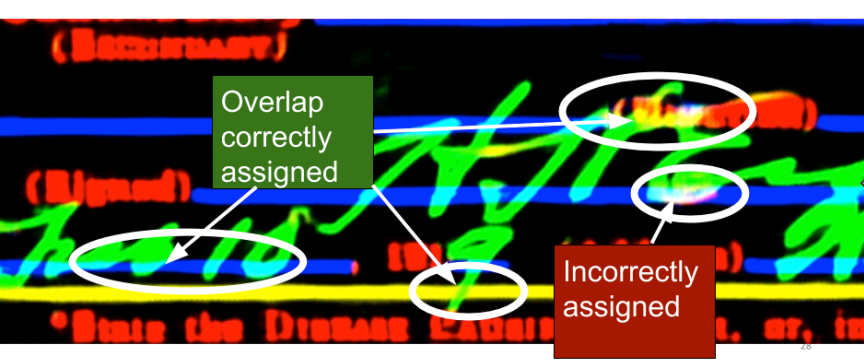
FULL NAME OF CHILD Helita Ruth Bennington (If child is not yet named, make supplemental report, as directed)

Sex of Child <u>Female</u>	Twin, triplet or more? <u>No</u> (To be answered only in event of plural births)	Number in order of birth _____	Length <u>19 1/2</u> (Inches) (Feet) (Inch)	Date of Birth <u>3 7 1905</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------	---	--

FATHER		MOTHER	
FULL NAME <u>Thomas Bennington</u>	FULL NAME <u>Anna Laughlin</u>	RESIDENCE <u>1353 E 117 St</u>	RESIDENCE <u>1353 E 117 St</u>
COLOR or RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>50 4 1/2</u> (Years)	COLOR or RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>40 2 1/2</u> (Years)
BIRTHPLACE <u>Top of Mt. McGillivray, Canada</u>	BIRTHPLACE <u>Limerick, Ireland</u>	OCCUPATION <u>Teamster</u>	OCCUPATION <u>Housewife</u>
NUMBER OF CHILDREN BORN ALIVE and LIVING <u>one</u> on this number, including <u>one</u> this child (if born alive)	NUMBER OF CHILDREN of this mother BORN, including <u>none</u> this child (if born alive)	Was Prophylactic applied <u>Yes</u> (If the mother, Prophylactic and Anesthetics furnished (For her own DEPARTMENT OF HEALTH))	

I HEREBY CERTIFY that I attended the birth of this child born on March 7 1905 at 1353 E 117 St and that the child was Born Alive
 Signature Thomas Bennington (Father's Name)
 Date 1-15 1905 Address 5012 South Cleveland, O
 Thomas Bennington, Father
 Filed _____

Visualization of Overlap



Ground-Truthing

Form V. S. No. 11-50M-8-20-17

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Huron
Township of Norwalk Registration District No. 626 File No. 11899
or
Village of _____ Primary Registration District No. 4934 Registered No. 26
or
City of _____ (No. _____ St., _____ Ward) [If death occurred in a hospital or institution, give the NAME instead of street and number.]

FULL NAME Fredrick Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE Married MARRIED, WIDOWED, OR DIVORCED (If give the word)

DATE OF BIRTH May 1st 1878
(Month) (Day) (Year)

AGE 70 yrs. 9 mos. 22 ds. or _____ hrs. _____ min.

OCCUPATION (a) Trade, profession, or particular kind of work Retired laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Ohio

10 NAME OF FATHER Patrick Martin

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Frances Victor

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sarah Martin
(Address) Norwalk, O.

10 Filed 2/14 1919 St. Mary's Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 24 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 20 1919 to Feb 24 1919, that I last saw him alive on Feb 23 1919, and that death occurred, on the date stated above, at A.M.

THE CAUSE OF DEATH was as follows:
Right Lobar Pneumonia

(Duration) _____ yrs. _____ mos. 4 ds.

Contributory Valvular heart lesion
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. J. Maynard M. D.
Feb 24 1919 (Address) Norwalk, Ohio

*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL St. Mary's DATE OF BURIAL 2-25 1919

20 UNDERTAKER Knicker Brady ADDRESS Norwalk, O.

11-2184



Form V. S. No. 11-50M-8-20-17

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Huron
Township of Norwalk Registration District No. 626 File No. 11899
or
Village of _____ Primary Registration District No. 4934 Registered No. 26
or
City of _____ (No. _____ St., _____ Ward) [If death occurred in a hospital or institution, give the NAME instead of street and number.]

FULL NAME Fredrick Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE Married MARRIED, WIDOWED, OR DIVORCED (If give the word)

DATE OF BIRTH May 1st 1878
(Month) (Day) (Year)

AGE 70 yrs. 9 mos. 22 ds. or _____ hrs. _____ min.

OCCUPATION (a) Trade, profession, or particular kind of work Retired laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Ohio

10 NAME OF FATHER Patrick Martin

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Frances Victor

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sarah Martin
(Address) Norwalk, O.

10 Filed 2/14 1919 St. Mary's Registrar

MEDICAL CERTIFICATE OF DEATH

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18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL St. Mary's DATE OF BURIAL 2-25 1919

20 UNDERTAKER Knicker Brady ADDRESS Norwalk, O.

11-2184

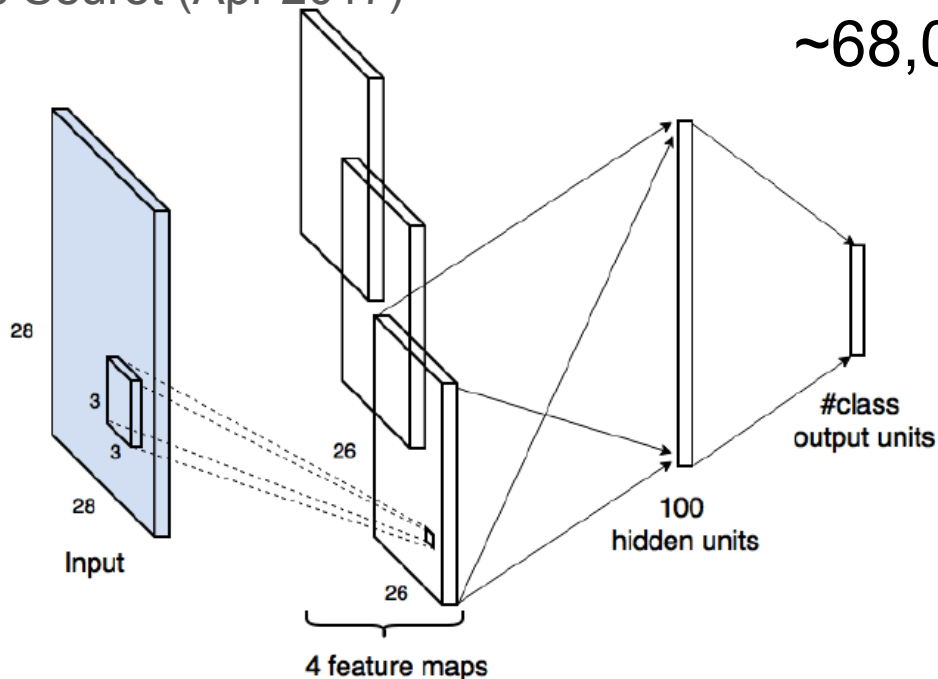
Architectures



Convolutional Neural Networks for Page Segmentation of Historical Document Images

Kai Chen, Mathias Seuret (Apr 2017)

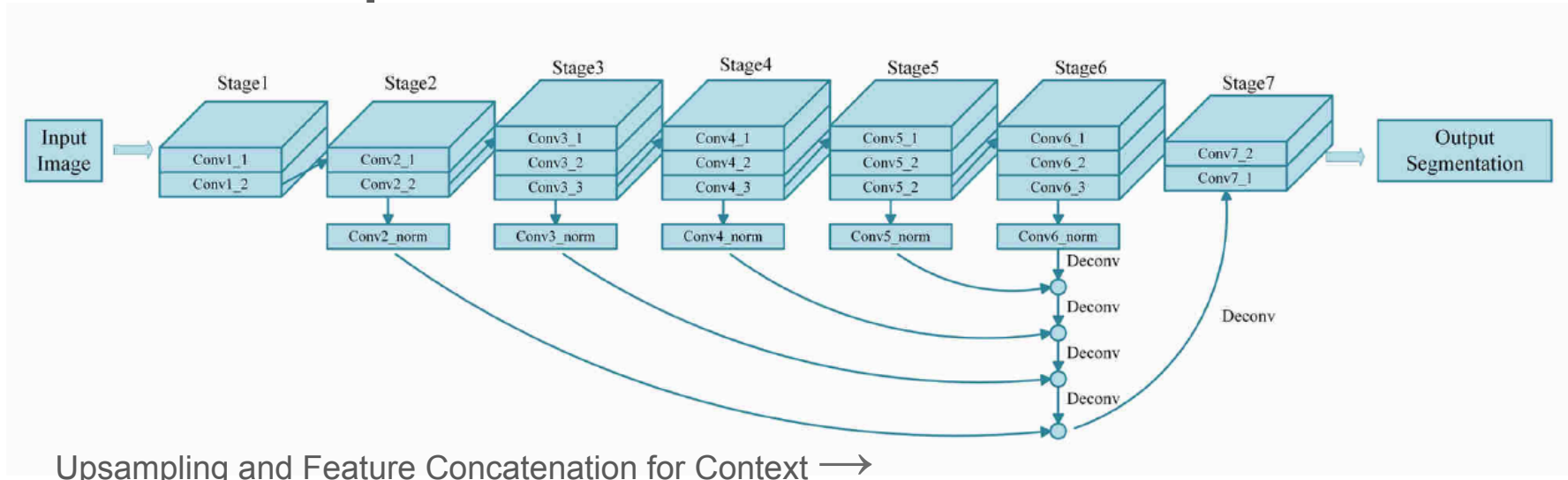
~68,000 parameters



Winners of the ICDAR2017 Competition on Layout Analysis for Challenging Medieval Manuscripts

Based on VGG-16

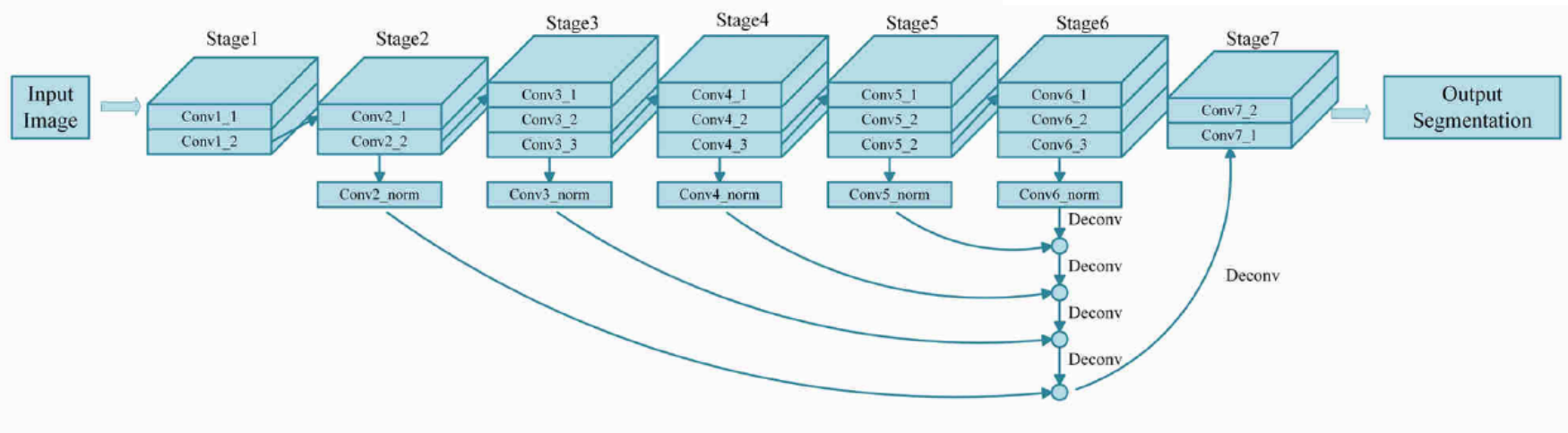
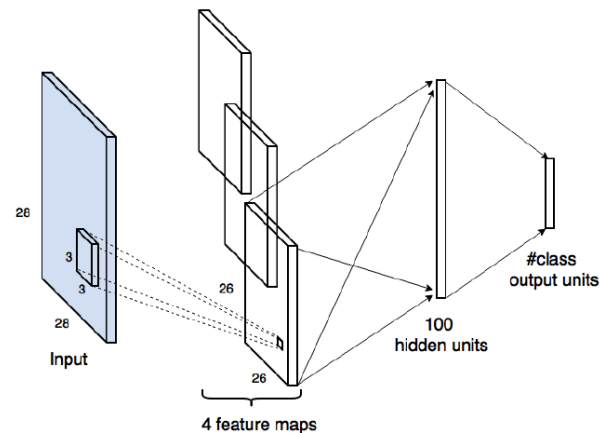
~138 Million parameters!



Which way to go?

138M vs 68K:

2000x difference in # of parameters



We're caught in a net

DenseNets

<https://arxiv.org/abs/1608.06993>

ResNets

<https://arxiv.org/abs/1611.08323>

SqueezeNets

<https://arxiv.org/abs/1711.05491>

ShuffleNets

InceptionNets

XceptionNets

Densely Connected Convolutional Networks

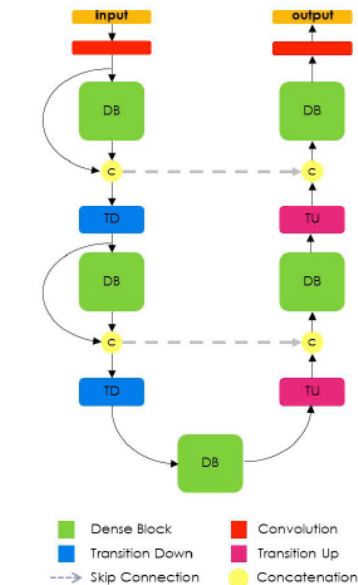
The One Hundred
Layers Tiramisu:
Fully Convolutional
DenseNets for
Semantic
Segmentation

Layers: Params

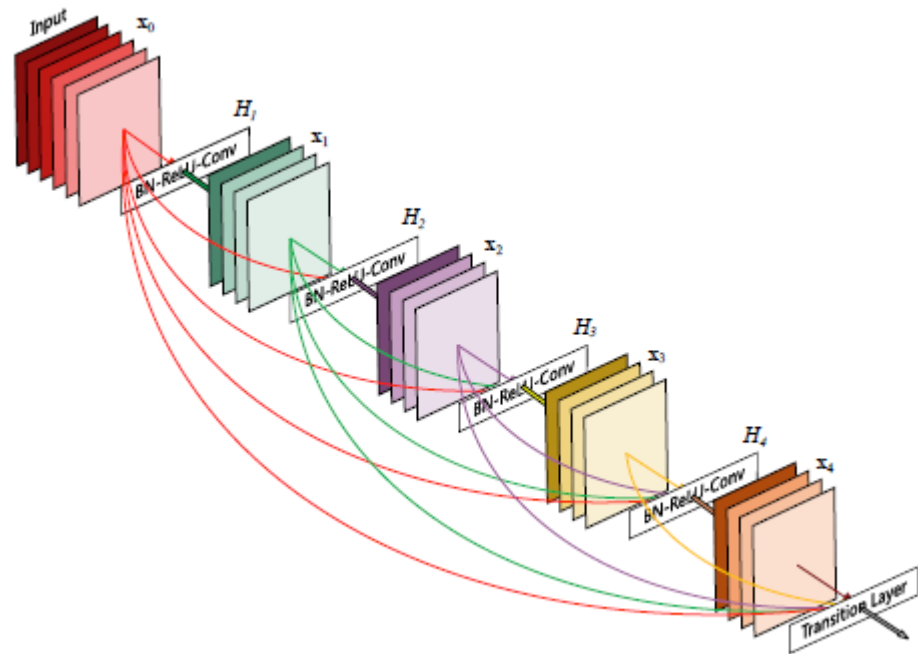
56: 1.5M,

67: 3.5M,

103: 10M



10x Reduction!



<https://arxiv.org/abs/1611.09326>

<https://arxiv.org/abs/1608.06993>

Historical Book Analysis Competition

Two competitors,

One neural and one not.

Neural method outperformed

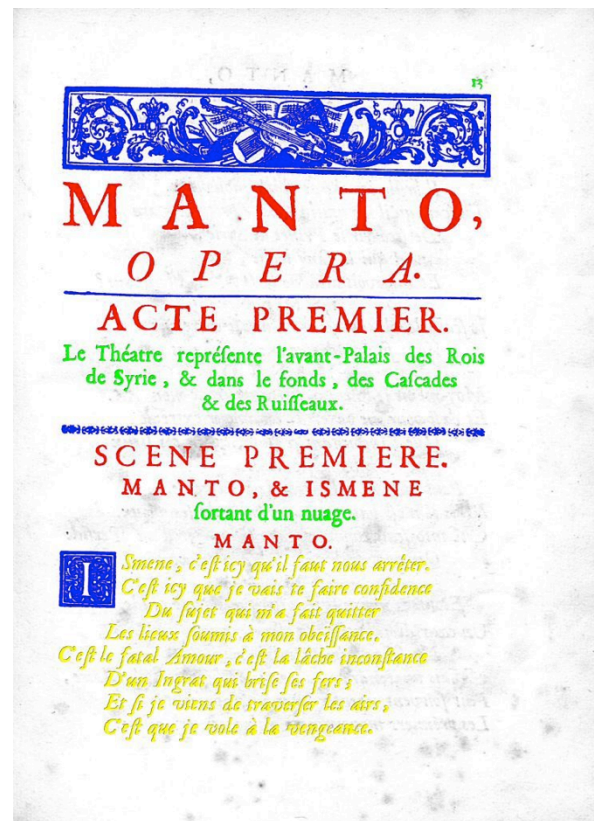
Non-neural by

4.79% Weighted F-Measure

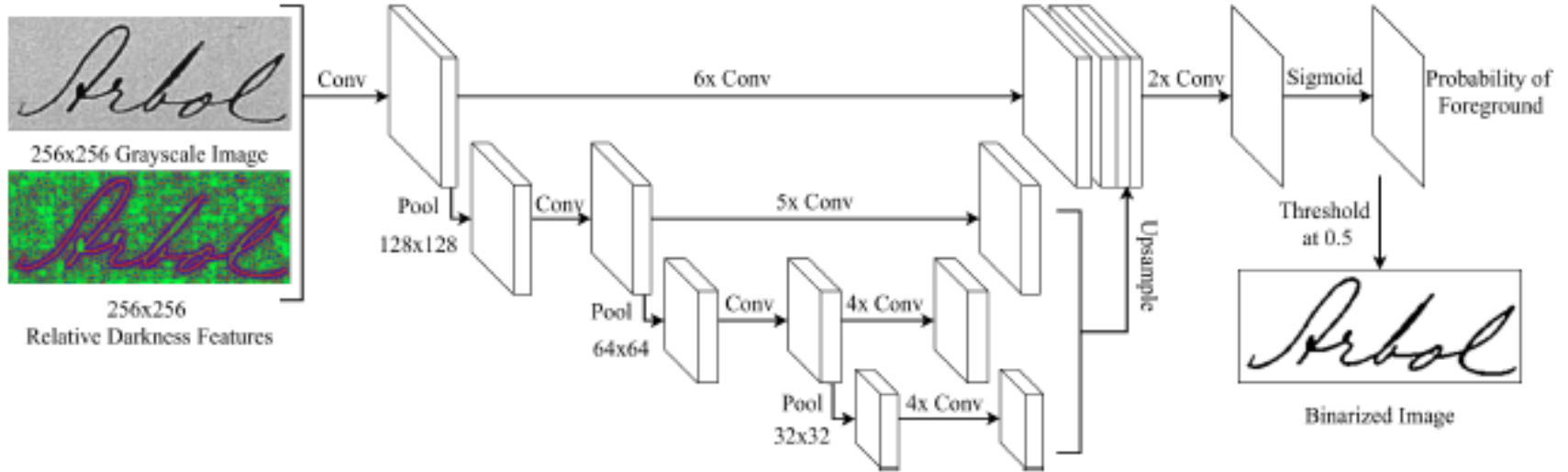
11 Books,

61-98% WFM per book

<https://dl.acm.org/citation.cfm?id=3151528>



Multi-Scale network architecture



Document Image Binarization with Fully Convolutional Neural Networks

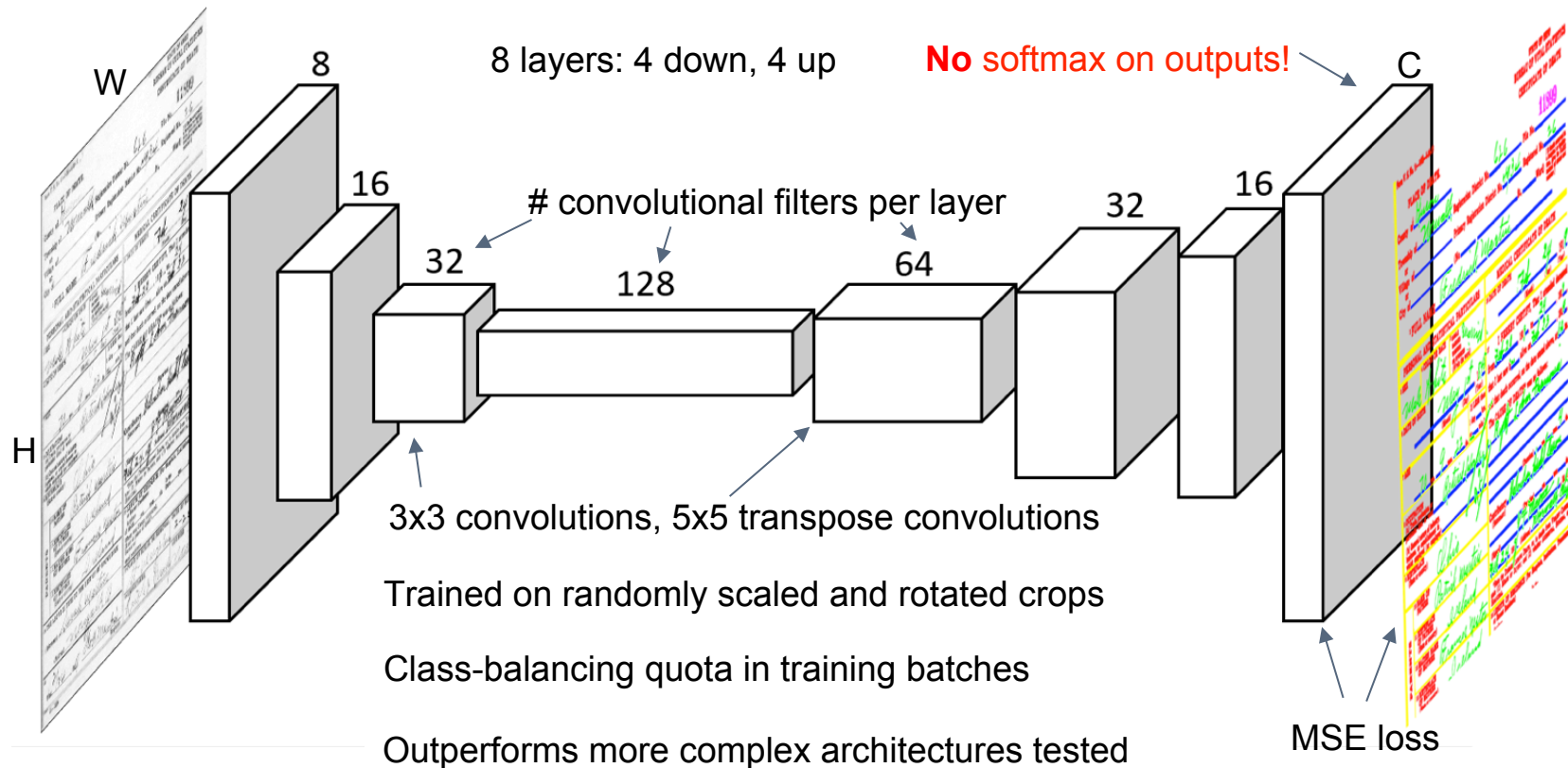
Chris Tensmeyer, Tony Martinez

<https://arxiv.org/abs/1708.03276>

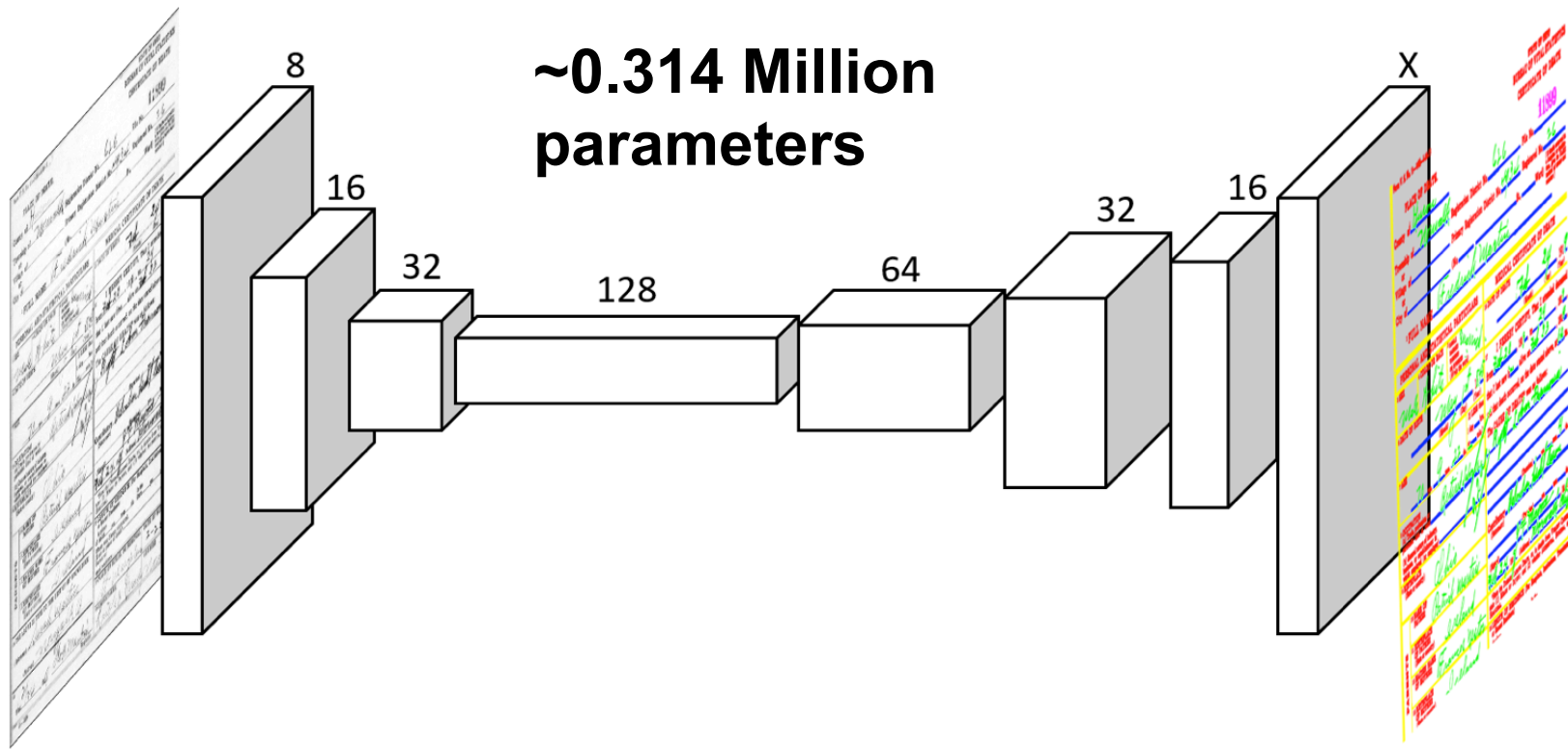
Back to Form Images

Form V. S. No. 11-50M-8-20-17		STATE OF OHIO BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
PLACE OF DEATH.			
County of <u>Huron</u>		File No. <u>11899</u>	
Township of <u>Norwalk</u>		Registration District No. <u>626</u>	
or Village of		Primary Registration District No. <u>4934</u>	
or City of		Registered No. <u>26</u>	
2 FULL NAME <u>Fredrick Martin</u>		[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>Married</u>	10 DATE OF DEATH <u>Feb 24</u> , 191 <u>9</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>May 1st</u> , 18 <u>78</u> (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 20</u> , 191 <u>9</u> , to <u>24</u> , 191 <u>9</u> , that I last saw him alive on <u>Feb 23</u> , 191 <u>9</u> , and that death occurred, on the date stated above, at <u>10</u> a.m.	
7 AGE <u>70</u> yrs. <u>9</u> mos. <u>22</u> ds. or min.?		The CAUSE OF DEATH* was as follows: <u>Right Lobar Pneumonia</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>92</u>		(Duration) yrs. mos. ds. <u>4</u> ds.	
9 BIRTHPLACE (State or country) <u>Ohio</u>		Contributory <u>Valentin Frank Lesone</u> (SECONDARY) (Duration) yrs. mos. ds.	
PARENTS	10 NAME OF FATHER <u>Patrick Martin</u>	(Signed) <u>J. F. Maynes</u> , M.D. <u>Feb 24</u> , 191 <u>9</u> (Address) <u>Norwalk Ohio</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ireland</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	12 MAIDEN NAME OF MOTHER <u>Frances Nestor</u>	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence	
13 BIRTHPLACE OF MOTHER (State or country) <u>Ireland</u>		19 PLACE OF BURIAL OR REMOVAL <u>St. Mary's Cem.</u> DATE OF BURIAL <u>2-25</u> , 191 <u>9</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>Sarah Martin</u>		20 UNDERTAKER <u>Robert Brady</u>	
(Address) <u>Norwalk O.</u>		ADDRESS <u>Norwalk O.</u>	
15 Filed <u>2/24</u> , 191 <u>9</u> <u>St. Martin</u> Registrar			

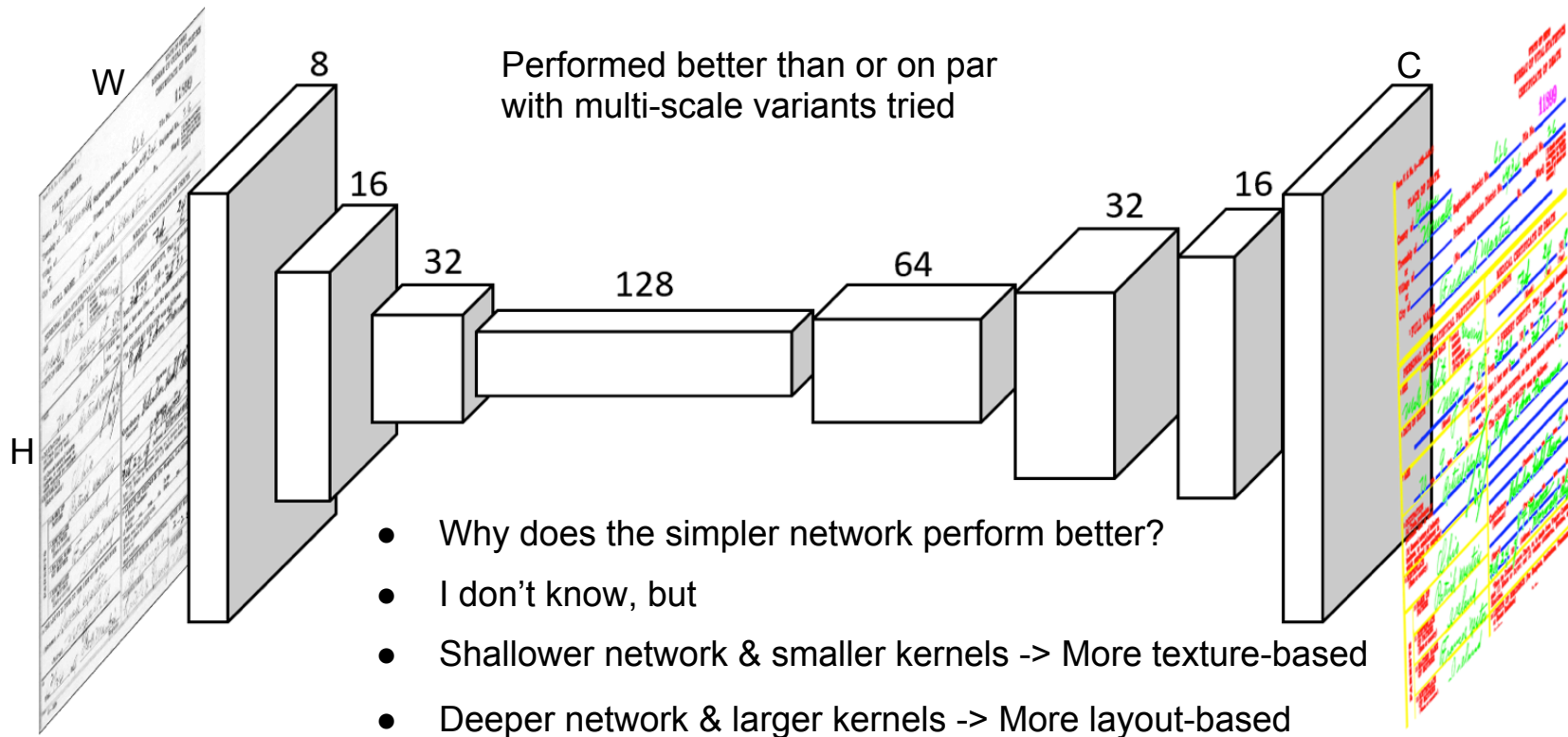
Convolutional Neural Network Architecture



Convolutional Neural Network Architecture



Convolutional Neural Network Architecture



- Why does the simpler network perform better?
- I don't know, but
- Shallower network & smaller kernels -> More texture-based
- Deeper network & larger kernels -> More layout-based
- Smaller architecture -> Fewer parameters -> Less ability to overfit

Architecture Takeaways

1. Think about the target variables: Do I want Long-term context (logical layout) or local/textural analysis (graphical layout)?
 - a. Smaller context can be better for textural, and larger context may be needed for logical, high-level labelings.
2. Document images are very high resolution. Prepare for high throughput.
3. Loss function matters -- you get what you optimize for
4. Training balancing: Include more of what you are worse at, within reason

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of

Township of

or

Village of

or

City of

Registration District No.

File No.

Primary Registration District No.

Registered No.

(No.

St.,

Ward)

[If death occurred in
a hospital or institu-
tion, give its NAME
instead of street and
number.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

(Month)

(Day)

1
(Year)

7 AGE

yrs.

mos.

ds.

or

min.?

If LESS than

1 day, hrs.

8 OCCUPATION

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

9 BIRTHPLACE

(State or country)

10 NAME OF
FATHER

PARENTS

11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

, 191

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

, 191
(Year)

17 I HEREBY CERTIFY, That I attended deceased

from

, 191

, to

, 191

that I last saw him alive on

, 191

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

(Duration)

yrs.

mos.

ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

, 191

(Address)

, M. D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES,
state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or
HOMICIDAL.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients,
or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
If not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

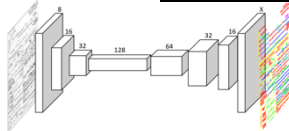
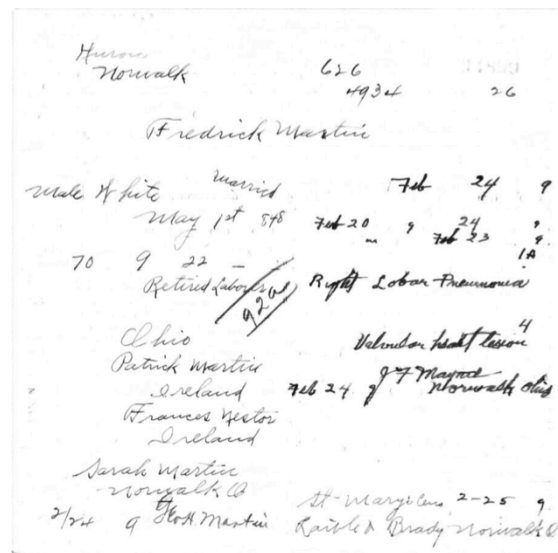
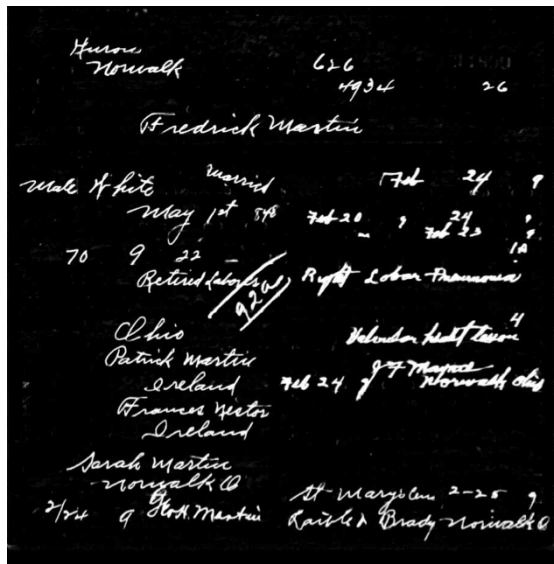
, 191

20 UNDERTAKER

Masking Content Channels

Input * Mask + (255 * 1-Mask) = Masked Image

PLACE OF DEATH		STATE OF OHIO BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County of <u>Huron</u>	Registration District No. <u>626</u>	File No. <u>11899</u>	
Township of <u>Norwalk</u>	Primary Registration District No. <u>4934</u>	Registered No. <u>26</u>	
[If death occurred in home, give the WARD number if known and] Ward _____			
City of _____ (No. _____ St. _____ Ward _____)			
FULL NAME <u>Fredrick Martin</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OF HAIR <u>white</u>	STATUS <u>married</u>	DATE OF DEATH <u>Feb 24 1919</u>
DATE OF BIRTH <u>May 1st 1848</u>	AGE <u>70 yrs 9 mos 22 ds</u>	I HEREBY CERTIFY, That I attended deceased from <u>Feb 20</u> 1918, to <u>24</u> 1919, that I last saw him alive on <u>Feb 23</u> 1919, and that death occurred, on the date stated above, at <u>11 A.M.</u>	
OCCUPATION <u>Retired laborer</u>		The CAUSE OF DEATH was as follows: <u>Right Lobor Pneumonia</u>	
BIRTHPLACE <u>Ohio</u>		Contributory <u>Valenlor heart lesion</u>	
NAME OF FATHER <u>Patrick Martin</u>		BIRTHPLACE OF FATHER <u>Ireland</u>	
NAME OF MOTHER <u>Frances Victor</u>		BIRTHPLACE OF MOTHER <u>Ireland</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		PLACE OF BURIAL OR REMOVAL <u>St. Marys 2-25</u>	
SIGNATURE <u>Sarah Martin</u>		DATE OF BURIAL <u>2-25 1919</u>	
ADDRESS <u>Norwalk, O</u>		UNDERTAKER <u>Raibled Brady Norwalk, O</u>	
No. <u>274</u> 1919 <u>S.A. Martin</u>		REGISTRY	



Results

Single Training Image

Form V. S. No. 11-50M-8-20-17

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RETURNED

PLACE OF DEATH
County of Huron
Township of Norwalk Registration District No. 626 File No. 11899
or
Village of _____ Primary Registration District No. 4934 Registered No. 26
or
City of _____ (No. _____ St., Ward _____) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Fredrick Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (If wife the word)

DATE OF BIRTH May 1st 1878
(Month) (Day) (Year)

AGE 70 yrs. 9 mos. 22 ds. or _____ hrs. _____ min.

OCCUPATION (a) Trade, profession, or particular kind of work Retired laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Ohio

10 NAME OF FATHER Patrick Martin

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Frances Nestor

13 BIRTHPLACE OF MOTHER (State or country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah Martin
(Address) Norwalk, O

Filed 2/24 1919 St. A. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Feb 24 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 20 1919, to Feb 24 1919, that I last saw him alive on Feb 23 1919, and that death occurred, on the date stated above, at 1 A. M.

The CAUSE OF DEATH* was as follows:
Right Lobar Pneumonia

(Duration) _____ yrs. _____ mos. 4 ds.

Contributory Valvular heart lesion

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) 97 Mayne M.D.
Feb 24, 1919 (Address) Norwalk Ohio

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
St Marys 2-25 1919

20 UNDERTAKER ADDRESS
Harold Brady Norwalk

Form V. S. No. 11-50M-8-20-17

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RETURNED

PLACE OF DEATH
County of Huron
Township of Norwalk Registration District No. 626 File No. 11899
or
Village of _____ Primary Registration District No. 4934 Registered No. 26
or
City of _____ (No. _____ St., Ward _____) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Fredrick Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (If wife the word)

DATE OF BIRTH May 1st 1878
(Month) (Day) (Year)

AGE 70 yrs. 9 mos. 22 ds. or _____ hrs. _____ min.

OCCUPATION (a) Trade, profession, or particular kind of work Retired laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Ohio

10 NAME OF FATHER Patrick Martin

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Frances Nestor

13 BIRTHPLACE OF MOTHER (State or country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah Martin
(Address) Norwalk, O

Filed 2/24 1919 St. A. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Feb 24 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 20 1919, to Feb 24 1919, that I last saw him alive on Feb 23 1919, and that death occurred, on the date stated above, at 1 A. M.

The CAUSE OF DEATH* was as follows:
Right Lobar Pneumonia

(Duration) _____ yrs. _____ mos. 4 ds.

Contributory Valvular heart lesion

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) 97 Mayne M.D.
Feb 24, 1919 (Address) Norwalk Ohio

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
St Marys 2-25 1919

20 UNDERTAKER ADDRESS
Harold Brady Norwalk

Same Writers

Form V. S. No. 11-50M-8-20-17

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH. County of Norwalk
Township of _____ Registration District No. 626 File No. 11893
or Village of _____ Primary Registration District No. 8258 Registered No. 27
or City of Norwalk (No. _____, St. _____, Ward _____) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
• FULL NAME John Frederick Fite

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
DATE OF BIRTH Feb 9, 1886
AGE 33 yrs. 0 mos. 15 ds.
OCCUPATION (a) Trade, profession, or particular kind of work. 28
(b) General nature of industry, business, or establishment in which employed (or employer).
BIRTHPLACE (State or country) Norwalk Ohio

10 NAME OF FATHER John Fite
11 BIRTHPLACE OF FATHER (State or country) Germany
12 MAIDEN NAME OF MOTHER Rose Humphreys
13 BIRTHPLACE OF MOTHER (State or country) Norwalk Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs John Fite
(Address) Norwalk Ohio
Filed Feb 1919 Geo H Martin Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 27, 1919
17 I HEREBY CERTIFY, That I attended deceased from Dise next attend, 191____, that I last saw him alive on Nov, 191____, and that death occurred, on the date stated above, at 4 P.
The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis
(Duration) 3 yrs. 0 mos. 0 ds.
Contributory Pulmonary tuberculosis
(Duration) 5 yrs. 0 mos. 0 ds.
(Signed) S. F. Maguire, M. D.
Feb 27, 1919 (Address) Norwalk Ohio
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death? Former or usual residence _____
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St Pauls Cem Feb 27, 1919
20 UNDERTAKER ADDRESS Laible & Brady Norwalk Ohio

Form V. S. No. 11-50M-8-20-17

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH. County of Norwalk
Township of _____ Registration District No. 626 File No. 11893
or Village of _____ Primary Registration District No. 8258 Registered No. 27
or City of Norwalk (No. _____, St. _____, Ward _____) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
• FULL NAME John Frederick Fite

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
DATE OF BIRTH Feb 9, 1886
AGE 33 yrs. 0 mos. 15 ds.
OCCUPATION (a) Trade, profession, or particular kind of work. 28
(b) General nature of industry, business, or establishment in which employed (or employer).
BIRTHPLACE (State or country) Norwalk Ohio

10 NAME OF FATHER John Fite
11 BIRTHPLACE OF FATHER (State or country) Germany
12 MAIDEN NAME OF MOTHER Rose Humphreys
13 BIRTHPLACE OF MOTHER (State or country) Norwalk Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs John Fite
(Address) Norwalk Ohio
Filed Feb 1919 Geo H Martin Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 27, 1919
17 I HEREBY CERTIFY, That I attended deceased from Dise next attend, 191____, that I last saw him alive on Nov, 191____, and that death occurred, on the date stated above, at 4 P.
The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis
(Duration) 3 yrs. 0 mos. 0 ds.
Contributory Pulmonary tuberculosis
(Duration) 5 yrs. 0 mos. 0 ds.
(Signed) S. F. Maguire, M. D.
Feb 27, 1919 (Address) Norwalk Ohio
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death? Former or usual residence _____
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St Pauls Cem Feb 27, 1919
20 UNDERTAKER ADDRESS Laible & Brady Norwalk Ohio

Different Writers

Form V. S. No. 11-150M-8-4-15

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

RETURNED

County of Leeson
Township of _____ Registration District No. 628 File No. 11903
or Village of Willard Primary Registration District No. 2664 Registered No. 7
or City of _____ (No. _____ St. _____ Ward) [If death occurred in a hospital or institution, give the NAME instead of street and number.]
* FULL NAME Woodrow Cox

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED
DATE OF BIRTH January 4, 1919
AGE 1 yrs. 5 mos. 5 ds. or 5 min.?

OCCUPATION
1) Trade, profession, or particular kind of work.
2) General nature of industry, business, or establishment in which employed (or employer).
BIRTHPLACE (State or country) Ohio

10 NAME OF FATHER Jesse O Cox
11 BIRTHPLACE OF FATHER (State or country) Bushy Run, W. Va.
12 MAIDEN NAME OF MOTHER Cora Spencer
13 BIRTHPLACE OF MOTHER (State or country) W. Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jesse O Cox
(Address) Willard Ohio
Filed 2/11 1919 E. D. Murnis Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 9, 1919
17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1919 to Feb. 9, 1919, that I last saw him alive on Feb. 9, 1919, and that death occurred, on the date stated above, at 8 p.m.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
(Duration) _____ yrs. _____ mos. 2 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) H. H. Cuyler, M. D. Feb 10, 1919 (Address) Willard O

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Sumwood Cemetery Feb 11, 1919
20 UNDERTAKER (Name and Address) Paul D. Gray Willard Ohio

Form V. S. No. 11-150M-8-4-15

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

RETURNED

County of Leeson
Township of _____ Registration District No. 628 File No. 11903
or Village of Willard Primary Registration District No. 2664 Registered No. 7
or City of _____ (No. _____ St. _____ Ward) [If death occurred in a hospital or institution, give the NAME instead of street and number.]
* FULL NAME Woodrow Cox

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED
DATE OF BIRTH January 4, 1919
AGE 1 yrs. 5 mos. 5 ds. or 5 min.?

OCCUPATION
1) Trade, profession, or particular kind of work.
2) General nature of industry, business, or establishment in which employed (or employer).
BIRTHPLACE (State or country) Ohio

10 NAME OF FATHER Jesse O Cox
11 BIRTHPLACE OF FATHER (State or country) Bushy Run, W. Va.
12 MAIDEN NAME OF MOTHER Cora Spencer
13 BIRTHPLACE OF MOTHER (State or country) W. Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jesse O Cox
(Address) Willard Ohio
Filed 2/11 1919 E. D. Murnis Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 9, 1919
17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1919 to Feb 9, 1919, that I last saw him alive on Feb. 9, 1919, and that death occurred, on the date stated above, at 8 p.m.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
(Duration) _____ yrs. _____ mos. 2 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) H. H. Cuyler, M. D. Feb 10, 1919 (Address) Willard O

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Sumwood Cemetery Feb 11, 1919
20 UNDERTAKER (Name and Address) Paul D. Gray Willard Ohio

Handwriting Channel

Huron
 626
 8258 27
 Norwack
 John Friedrich Fite
 Male White Single 26 24 9
 Feb 9 1886
 33 0 15 -
 Dis. not attend
 Nov 9

Palmering Norway
 3 mi
 Palmering Norway
 26 mi 9
 St. Martin
 Norway 0

Germany
 Rose Knopman
 Norwalk Ohio
 Mrs John Fite
 Norwalk O
 Mt Pauls Cem Feb 27 9
 Prof 9 Geo H Martin
 Laible & Brady Norwalk O

Norwack
 John F

Machine Print Channel

Form V. S. No. 11-10M-4-29-17

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of _____
Township of _____
or
Village of _____
or
City of _____

Registration District No. _____
Erie No. 1893
Primary Registration District No. _____
Registered No. _____
(No. St. Ward) [If death occurred in a hospital or sanitarium, give the NAME instead of street and number.]

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ COLOR OF RACE _____ SINGLE MARRIED or SEPARATED (If into the word)

DATE OF BIRTH _____
(Month) (Day) (Year)

AGE _____
yrs. mos. ds. ST. min.

OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(State or country)

NAME OF FATHER _____
Contributory (Secondary)

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address) _____

Filed _____, 191__
Registrar

11-2184

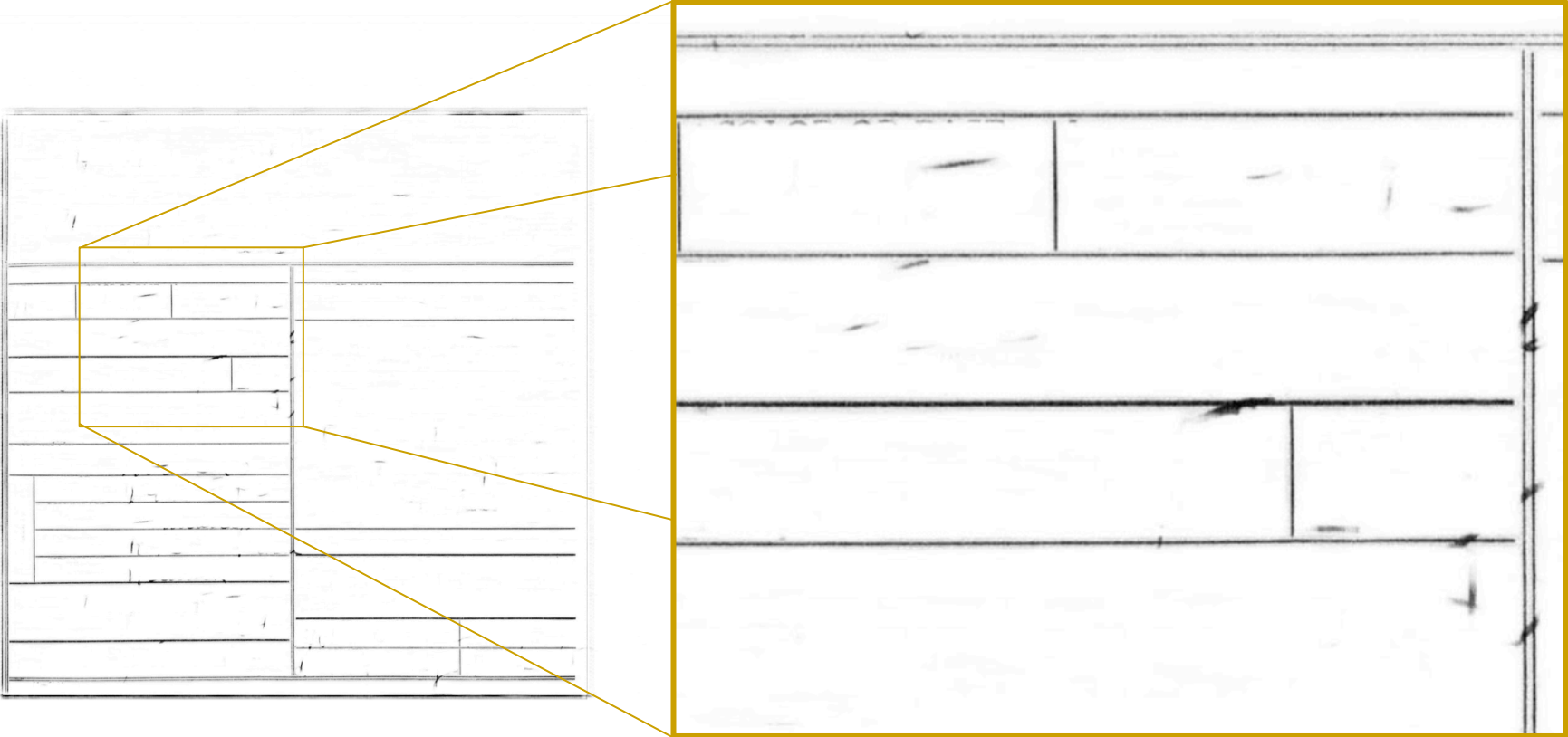
3 yrs. 0 mos. 1 ds. or m

ATION
de, profession, or
ar kind of work

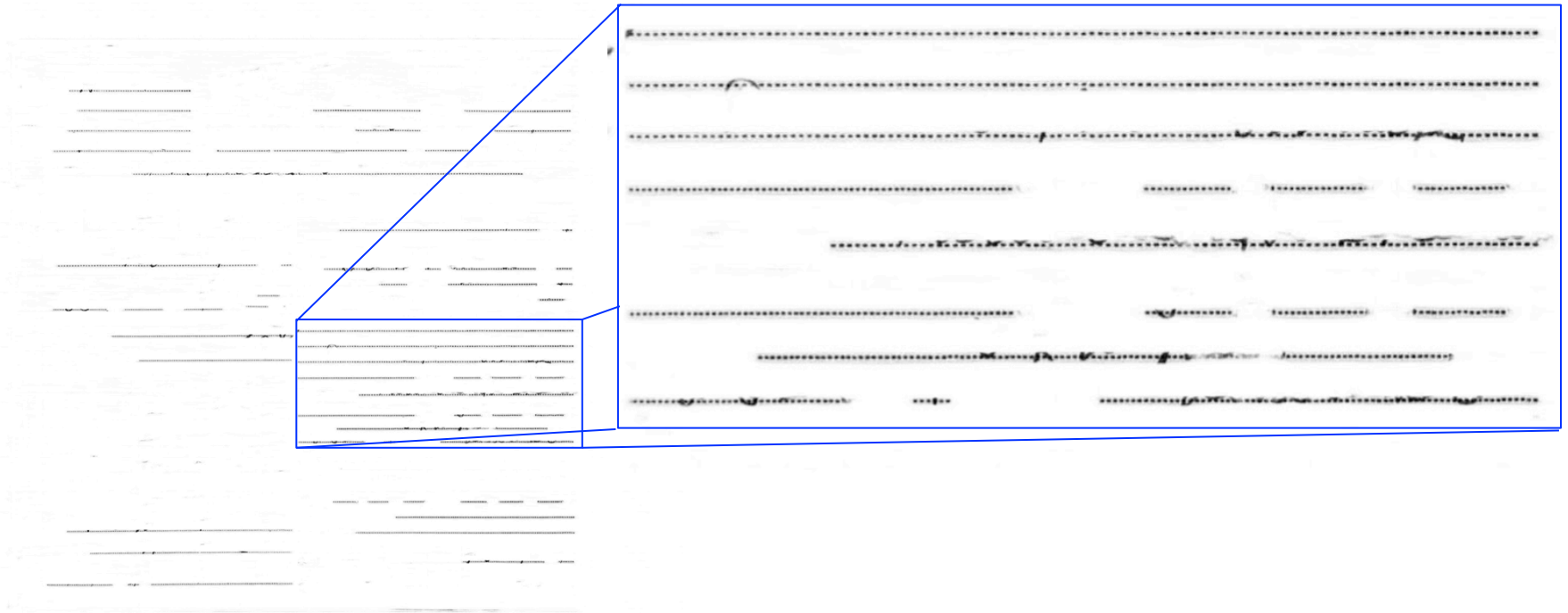
eral nature of industry,
, or establishment in
employed (or employer)

PLACE
or country)

Solid Lines Channel



Dotted Lines Channel



Stamp/Decoration Channel



Open Problems

Have We Forgotten about Geometry in Computer Vision?

https://alexgkendall.com/computer_vision/have_we_forgotten_about_geometry_in_computer_vision/



Alex Kendall

Computer Vision &
Robotics Researcher

Deep learning has revolutionised computer vision. Today, there are not many problems where the best performing solution is not based on an end-to-end deep learning model. In particular, convolutional neural networks are popular as they tend to work fairly well out of the box. However, these models are largely big black-boxes. There are a lot of things we don't understand about them.

Dense Layers

https://www.google.com/search?safe=active&biw=1366&bih=633&tbm=isch&sa=1&ei=V2WMWovJF-PX0gKZ1aziAQ&q=dense+cake+recipe+site%3Awikimedia.org&oq=dense+cake+recipe+site%3Awikimedia.org&gs_l=psy-ab.3...9304.12238.0.12375.19.16.0.0.0.0.223.1716.3j7j2.12.0....0...1c.1.64.psy-ab..7.1.125...0i30k1j0i8i30k1j0i24k1.0.v5TK6hZEBi4

[https://www.google.com/imgres?imgurl=https%3A%2F%2Fupload.wikimedia.org%2Fwikipedia%2Fcommons%2F3%2F3f%2FDobos_cake%2528Gerbeaud_Confectionery_Budapest_Hungary%2529.jpg&imgrefurl=https%3A%2F%2Fcommons.wikimedia.org%2Fwiki%2FFile%3ADobos_cake_\(Gerbeaud_Confectionery_Budapest_Hungary\).jpg&docid=HkdgsiVJfgckuM&tbnid=0QWLLlor-2j60M%3A&vet=10ahUKEwjR54HyirXZAhXKqVQKHW5RAhYQMwiPAigIMAg..i&w=1280&h=853&safe=active&bih=633&biw=1366&q=layer%20cake%20site%3Awikimedia.org&ved=0ahUKEwjR54HyirXZAhXKqVQKHW5RAhYQMwiPAigIMAg&iact=mrc&uact=8](https://www.google.com/imgres?imgurl=https%3A%2F%2Fupload.wikimedia.org%2Fwikipedia%2Fcommons%2F3%2F3f%2FDobos_cake%2528Gerbeaud_Confectionery_Budapest_Hungary%2529.jpg&imgrefurl=https%3A%2F%2Fcommons.wikimedia.org%2Fwiki%2FFile%3ADobos_cake_(Gerbeaud_Confectionery_Budapest_Hungary).jpg&docid=HkdgsiVJfgckuM&tbnid=0QWLLlor-2j60M%3A&vet=10ahUKEwjR54HyirXZAhXKqVQKHW5RAhYQMwiPAigIMAg..i&w=1280&h=853&safe=active&bih=633&biw=1366&q=layer%20cake%20site%3Awikimedia.org&ved=0ahUKEwjR54HyirXZAhXKqVQKHW5RAhYQMwiPAigIMAg&iact=mrc&uact=8)

Where to Go from Here

Marriage of Computer Vision and Deep Learning

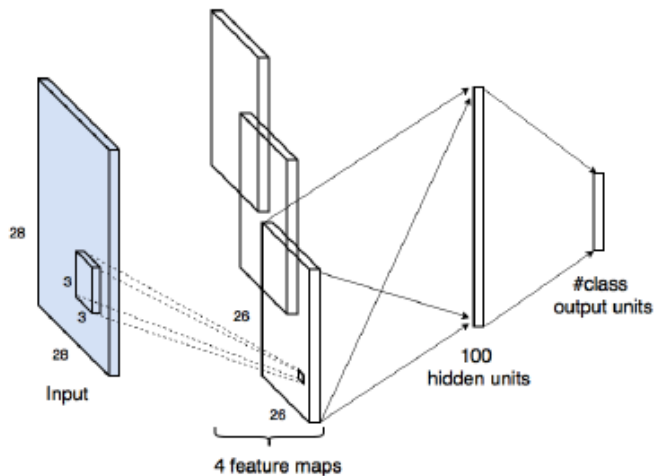
Resource-Efficient Processing (ms/image)

Document Image Page Segmentation and Character Recognition as Semantic Segmentation

Seth Stewart and Bill Barrett
Brigham Young University
stewart.seth.a@gmail.com



Chen and Seuret CNN for Page Segmentation



Single convolutional layer with only 4 feature maps performs as well as more layers/maps

Performs ~99% as well with **only 2 training images** as with many more

Single-Layer Convolutional Neural Network for page segmentation by Chen and Seuret



Semantic Segmentation

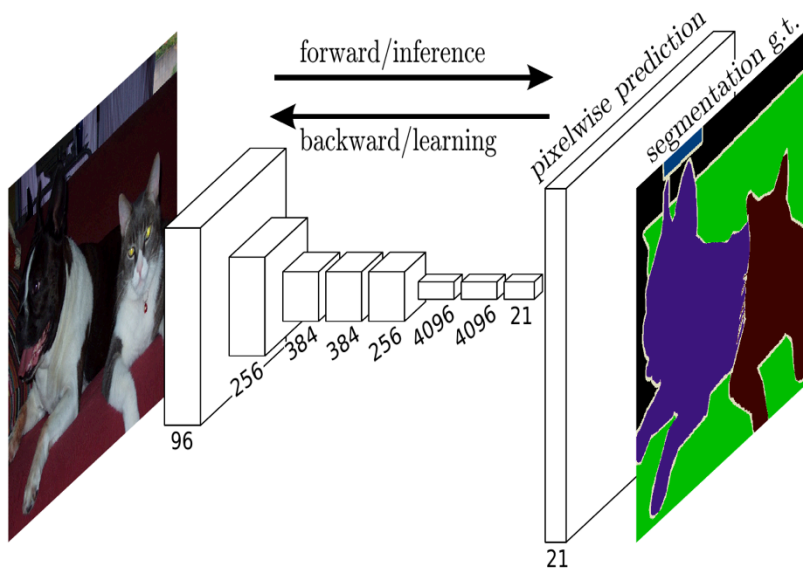
Pixel-wise labeling of images



M. Everingham, L. Van Gool, C. K. Williams, J. Winn, and A. Zisserman. The pascal visual object classes (voc) challenge. IJCV, 88(2):303–338, 2010

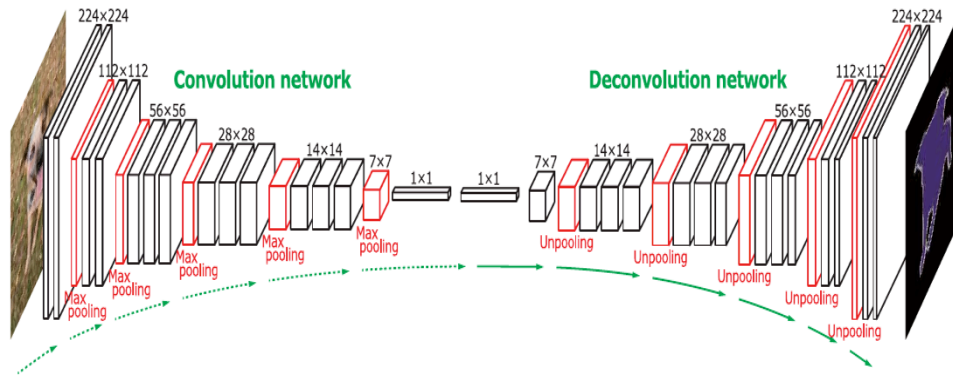
Semantic Segmentation Convolutional Neural Network Architectures

Fully Convolutional Network
[Long and Shelhamer, 2014]



Downsampling-upsampling Network
[Noh, et al. 2015]

- Learned upsampling allows for denser predictions given modest additional computation



The Problem

Many documents have heterogeneous content consisting of

- handwriting
- machine print
- solid lines
- dashed lines
- stamps

that are
- interleaved
and frequently

- overlap

Form V. S. No. 11-50M-8-20-17

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Hamilton
Township of Norwalk Registration District No. 626 File No. 11899
Village of _____ Primary Registration District No. 4934 Registered No. 26
City of _____ (No. _____) St. _____ Ward _____
FULL NAME Fredrick Martin [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH May 1st 1878
(Month) (Day) (Year)

AGE 70 yrs. 9 mos. 22 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work. Retired laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (State or country) Ohio

NAME OF FATHER Patrick Martin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Frances Weston

BIRTHPLACE OF MOTHER (State or country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sarah Martin
(Address) Norwalk, O.

Filed 2/24 1919 St. Mary's Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24, 1919
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 20, 1919, to 24, 1919, that I last saw him alive on Feb 23, 1919, and that death occurred, on the date stated above, at L.A.M.

CAUSE OF DEATH was as follows:
Right Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

Contributory Valvular heart lesion
(Secondary) (Duration) yrs. mos. 9 ds.

(Signed) J. F. Hayes M.D. (Date) Feb 25 1919 (Address) Norwalk, Ohio

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL St. Mary's DATE OF BURIAL 2-25, 1919

UNDERTAKER Robert Brady ADDRESS Norwalk, Ohio

11-3184

1919 Ohio Death Record

STATE OF NEW YORK.
CERTIFICATE AND RECORD OF MARRIAGE

Peter (Groom) and *Parascovia* (Bride) *Paraska*

(Groom)
Peter

No.	Bride's Residence	<i>237 Moore St.</i>
	Age	<i>19.</i>
	Color	<i>white</i>
	Single, Widowed or Divorced	<i>single</i>
<i>P. S.</i>	Maiden Name, if a Widow	<i>—</i>
	Birthplace	<i>Austria</i>
<i>George</i>	Father's Name	<i>Jacob</i>
	Mother's Maiden Name	<i>Ruba Shevchuk.</i>
	Number of Bride's Marriage	<i>first.</i>



Groom and bride were joined in Marriage by me, in accordance with the Laws of the State of New York, at *104 1/2 St. N.Y.* (Street), in the Borough of *Brooklyn*, City of New York, this *29* of *Septemb.* (Church), 19*14*.

Witnesses to the Marriage
Myron Karachuk
Konstanty Diduch

Signature of person performing the Ceremony } *Rev. Wld. Salonyz*
Official Station }
Residence } *100 N. 5th St.*

STATE OF NEW YORK.
CERTIFICATE AND RECORD OF MARRIAGE

Peter (Groom) OF *Parascovia* (Bride)
and

(Groom)
Peter

Age	23 1/2 years
Color	white
Single, Widowed or Divorced	single
Maiden Name, if a Widow	Handwriting Removed
Birthplace	Austria
Father's Name	Joseph
Mother's Maiden Name	Ruba Shevchuk
Number of Bride's Marriage	first

Groom and bride were joined in Marriage by me, in accordance with the Laws of the State of New York, at *106 St. John St. N.Y.* (Street), in the Borough of *Brooklyn*, City of New York, this *29* of *Septemb*, 19*14* (Church)

Witnesses to the Marriage
Myron Karachuk
Konstanty Diduch

Signature of person performing the Ceremony
Rev. Wm. Salony
Official Station
Residence *106 St. John St.*

We use a
**Convolutional
 Neural Network** to
 Semantically label
 each document
 component at the
 pixel level

Form V. E. No. 1—3-28-48-37

STATE OF OHIO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

PLACE OF DEATH
 County of Huron
 Township of Norwalk Registration District No. 626 File No. 11899
 Village of _____ Primary Registration District No. 4934 Registered No. 26
 City of _____ (No. _____ St. _____ Ward _____)

FULL NAME Frederick Martin

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>Married</u>	DATE OF DEATH <u>Feb 24</u> , 19 <u>19</u>	
DATE OF BIRTH <u>May 1st</u> , 19 <u>48</u>			I HEREBY CERTIFY, That I attended deceased from <u>Feb 20</u> , 19 <u>19</u> , to <u>24</u> , 19 <u>19</u> , that I last saw him alive on <u>Feb 23</u> , 19 <u>19</u> , and that death occurred, on the date stated above, at <u>10</u> a.m.	
AGE <u>70</u> yrs. <u>9</u> mos. <u>22</u> ds.			The CAUSE OF DEATH* was as follows: <u>Right Lobar Pneumonia</u>	
OCCUPATION <u>Retired laborer</u>			(Duration) yrs. mos. ds. <u>4</u>	
BIRTHPLACE <u>Ohio</u>			Contributory <u>Valvular heart disease</u>	
NAME OF FATHER <u>Patrick Martin</u>			(Duration) yrs. mos. ds. _____	
BIRTHPLACE OF FATHER <u>Ireland</u>			(Signed) <u>J. J. Martin</u> <u>Feb 24, 1919</u> (Address) <u>Norwalk, Ohio</u>	
MAIDEN NAME OF MOTHER <u>Frances Martin</u>			*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) HEARS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
BIRTHPLACE OF MOTHER <u>Ireland</u>			LENGTH OF RESIDENCE (For Hospital, Institution, Transient, or Recent Residents) At place of death yrs. mos. ds. _____ In the State yrs. mos. ds. _____ Where was disease contracted, if not at place of death? Former or usual residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Sarah Martin</u> (Address) <u>Norwalk, Ohio</u>			PLACE OF BURIAL OR REMOVAL DATE OF BURIAL <u>St. Mary's Ch.</u> <u>2-25</u> , 19 <u>19</u>	
FILED <u>2/24</u> , 19 <u>19</u> BY <u>St. Martin</u> Registrar			UNDERTAKER ADDRESS <u>Raible & Brady Norwalk, Ohio</u>	

11-5184

...allowing each component to be peeled off into a separate layer and processed selectively

Form V. E. No. 1—1918—4-28-19

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Huron
Township of Norwalk Registration District No. 626 File No. 11899
Village of _____ Primary Registration District No. 4934 Registered No. 26
City of _____ (No. _____ St. _____ Ward) If death occurred in a hospital or institution, give the NAME and number of street and ward.

FULL NAME Frederick Martin

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED MARRIED	DATE OF DEATH <u>Feb 24</u> , 19 <u>19</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>May 1st</u> , 18 <u>78</u> (Month) (Day) (Year)			I HEREBY CERTIFY, That I attended deceased from <u>Feb 20</u> , 19 <u>19</u> , to <u>24</u> , 19 <u>19</u> , that I last saw him alive on <u>Feb 23</u> , 19 <u>19</u> , and that death occurred, on the date stated above, at <u>10</u> a.m.	
AGE <u>70</u> yrs. <u>9</u> mos. <u>22</u> ds. or <u>22</u> min.			The CAUSE OF DEATH* was as follows: <u>Right Lobar Pneumonia</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer)			(Duration) yrs. mos. ds. <u>4</u>	
BIRTHPLACE (State or country) <u>Ohio</u>			Contributory (Secondary) <u>Valvular heart disease</u>	
NAME OF FATHER <u>Patrick Martin</u>			(Duration) yrs. mos. ds. <u>27</u>	
BIRTHPLACE OF FATHER (State or country) <u>Ireland</u>			(Signed) <u>J. J. Martin</u> <u>Feb 24</u> , 19 <u>19</u> (Address) <u>Norwalk, Ohio</u>	
MAIDEN NAME OF MOTHER <u>Frances Martin</u>			*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
BIRTHPLACE OF MOTHER (State or country) <u>Ireland</u>			LENGTH OF RESIDENCE (For Hospital, Institution, Transient, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Sarah Martin</u> (Address) <u>Norwalk, Ohio</u>			PLACE OF BURIAL OR REMOVAL DATE OF BURIAL <u>St. Mary's Ch. 2-25</u> , 19 <u>19</u>	
FILED <u>2/24</u> , 19 <u>19</u> by <u>St. Martin</u> Registrar			UNDERTAKER <u>Reuben Brady Norwalk</u>	

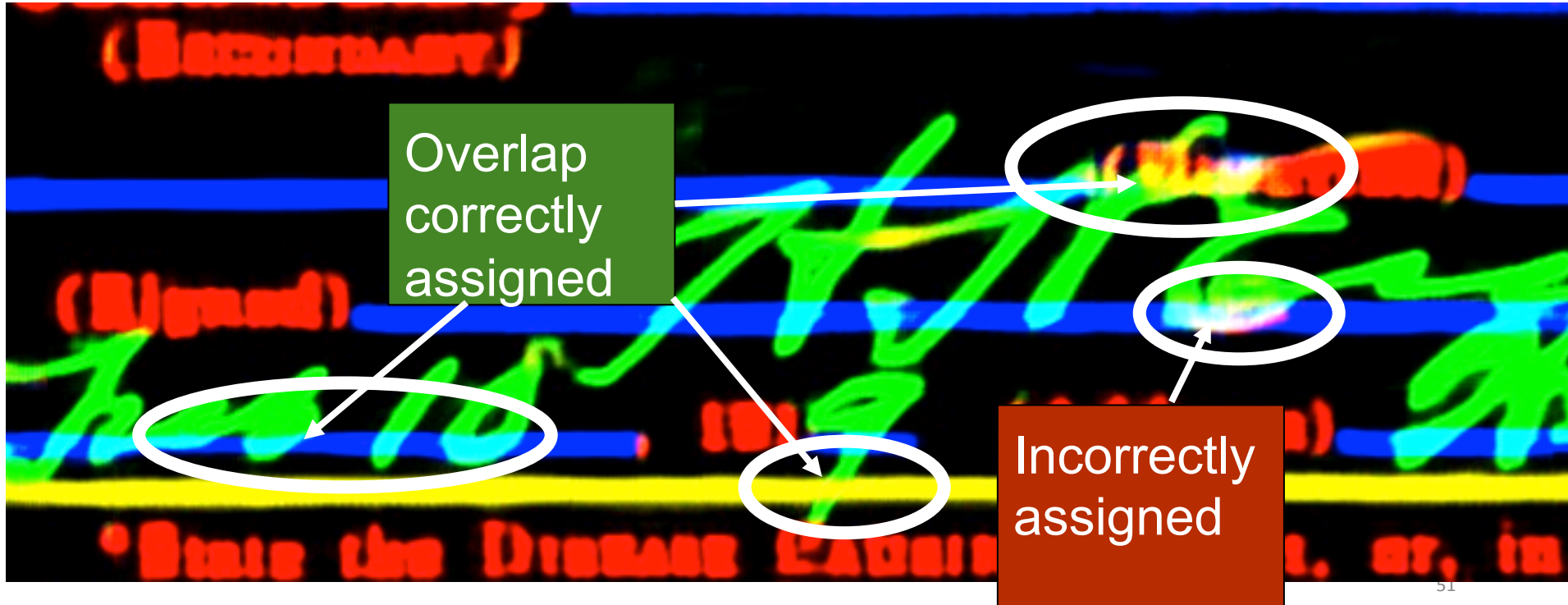
11-5184

Methods

Overview

1. What is Page Segmentation?
2. Neural Network Architectures for Page Segmentation
 - a. (How to build your own Neural Network for a Document Pixel Labeling task)
- 3. Handling overlapping content in document images**
4. A natural extension to OCR
5. Challenges and Frontiers

Visualization of Overlap



RTH

January

Month)

Two-form cross-validation

Form V. S. No. 11-50M-8-20-17

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.
County of Huron **RETURNED**
Township of Norwalk Registration District No. 626 File No. 11899
or
Village of _____ Primary Registration District No. 4934 Registered No. 26
or
City of _____ (No. _____ St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Frederick Martin

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
1 SEX <u>Male</u>	2 COLOR OR RACE <u>White</u>	3 SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u>	10 DATE OF DEATH <u>Feb 24</u> , 191 <u>9</u>	17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 20</u> , 191 <u>9</u> , to <u>24</u> , 191 <u>9</u> , that I last saw him alive on <u>Feb 23</u> , 191 <u>9</u> , and that death occurred, on the date stated above, at <u>10</u> a.m.	
6 DATE OF BIRTH <u>May 1st</u> , 18 <u>79</u>			18 THE CAUSE OF DEATH* was as follows: <u>Right Lobes Pneumonia</u>		
7 AGE <u>70</u> yrs. <u>9</u> mos. <u>22</u> ds. or min.			Contributory <u>Valvular heart disease</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired laborer</u>			Contributory (Signature) <u>J. J. Maynes</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>92</u>			19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence		
9 BIRTHPLACE (State or country) <u>Ohio</u>			19 PLACE OF BURIAL OR REMOVAL <u>St. Mary's Cem.</u>		
10 NAME OF FATHER <u>Patrick Martin</u>			20 UNDERTAKER <u>Robert Brady</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Ireland</u>			DATE OF BURIAL <u>2-25-1919</u>		
12 MAIDEN NAME OF MOTHER <u>Frances Victor</u>			ADDRESS <u>Norwalk, O.</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Ireland</u>			14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Sarah Martin</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Sarah Martin</u>			14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>S. A. Wildman</u>		
Filed <u>2/24</u> , 191 <u>9</u> <u>Frederick Martin</u> Registrar			Filed <u>2/20</u> , 191 <u>9</u> <u>S. A. Wildman</u> Registrar		

Form V. S. No. 11-50M-8-20-17

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.
County of Huron
Township of _____ Registration District No. 626 File No. _____
or
Village of _____ Primary Registration District No. 8258 Registered No. 26
or
City of Norwalk (No. _____ St. _____ Ward _____) (If death occurred in a hospital or institution, give the NAME instead of street and number.)

FULL NAME Ellen E. H. Wildman

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
1 SEX <u>Female</u>	2 COLOR OR RACE <u>White</u>	3 SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u>	10 DATE OF DEATH <u>February 17</u> , 191 <u>9</u>	17 I HEREBY CERTIFY, That I attended deceased from <u>May 17</u> , 191 <u>8</u> , to <u>Feb 17</u> , 191 <u>9</u> , that I last saw her alive on <u>Feb 17</u> , 191 <u>9</u> , and that death occurred, on the date stated above, at <u>10</u> a.m.	
6 DATE OF BIRTH <u>Feb 11</u> , 18 <u>47</u>			18 THE CAUSE OF DEATH* was as follows: <u>Pneumonia</u>		
7 AGE <u>72</u> yrs. <u>0</u> mos. <u>7</u> ds. or min.			Contributory _____		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u>			Contributory (Signature) <u>John A. Spon</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>54</u>			19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence		
9 BIRTHPLACE (State or country) <u>Ohio</u>			19 PLACE OF BURIAL OR REMOVAL <u>Woodlawn Cem.</u>		
10 NAME OF FATHER <u>Salem Howe</u>			20 UNDERTAKER <u>Laible & Brady</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>New York</u>			DATE OF BURIAL <u>Feb 20</u> , 191 <u>9</u>		
12 MAIDEN NAME OF MOTHER <u>Cornelia Warren</u>			ADDRESS <u>Norwalk O.</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Vermont</u>			14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>S. A. Wildman</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>S. A. Wildman</u>			14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>S. A. Wildman</u>		
Filed <u>2/20</u> , 191 <u>9</u> <u>S. A. Wildman</u> Registrar			Filed <u>2/20</u> , 191 <u>9</u> <u>Laible & Brady</u> Registrar		

Two-form cross-validation

Form Instance A validated against Form Instance B				
Class	Training		Validation	
	Precision	Recall	Precision	Recall
Machine Print	0.927	0.783	0.812	0.891
Handwriting	0.930	0.868	0.842	0.929
Solid Lines	0.815	0.912	0.574	0.996
Dotted Lines	0.857	0.923	0.735	0.927
Stamps	0.794	0.885	0.199	0.282

Trained on Form Instance B				
Class	Training		Validation	
	Precision	Recall	Precision	Recall
Machine Print	0.967	0.945	0.869	0.703
Handwriting	0.935	0.940	0.897	0.734
Solid Lines	0.906	0.916	0.743	0.530
Dotted Lines	0.930	0.920	0.885	0.777
Stamps	0.682	0.979	0.279	0.235

Form V-3, Rev. 11-18-46 (2-10-47)

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
11890

PLACE OF DEATH: RETURNED
County of Franklin
Township of North Registration District No. 636 File No. 14560
City of North Primary Registration District No. 5926 Registered No. 36
Date of Death: Feb 24 1947 (Month) (Day) (Year) Word 1947

FULL NAME: Edward J. Marston

PERSONAL AND STATISTICAL PARTICULARS
SEX: Male COLOR OF HAIR: Brown OCCUPATION: None
AGE: 70 (Years) PLACE OF BIRTH: Chicago, Ill.
DATE OF BIRTH: Feb 24 1877 (Month) (Day) (Year) CAUSE OF DEATH: Pneumonia

MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY, That I attended deceased Edward J. Marston on Feb 24 1947 and that death occurred on the date stated above, at 10:00 a.m. and the CAUSE OF DEATH was as follows:
Pneumonia

Physician: Dr. H. H. Marston (Signature)
Coroner: William J. Gorman (Signature)

Form V-3, Rev. 11-18-46 (2-10-47)

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
11890

PLACE OF DEATH:
County of Franklin
Township of North Registration District No. 636 File No. 11890
City of North Primary Registration District No. 5253 Registered No. 36
Date of Death: Feb 11 1947 (Month) (Day) (Year) Word 1947

FULL NAME: Ellen E. H. Wideman

PERSONAL AND STATISTICAL PARTICULARS
SEX: Female COLOR OF HAIR: Brown OCCUPATION: None
AGE: 72 (Years) PLACE OF BIRTH: New York
DATE OF BIRTH: Feb 11 1875 (Month) (Day) (Year) CAUSE OF DEATH: Pneumonia

MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY, That I attended deceased Ellen E. H. Wideman on Feb 11 1947 and that death occurred on the date stated above, at 10:00 a.m. and the CAUSE OF DEATH was as follows:
Pneumonia

Physician: Dr. H. H. Marston (Signature)
Coroner: William J. Gorman (Signature)

The Effect of Ground Truth*

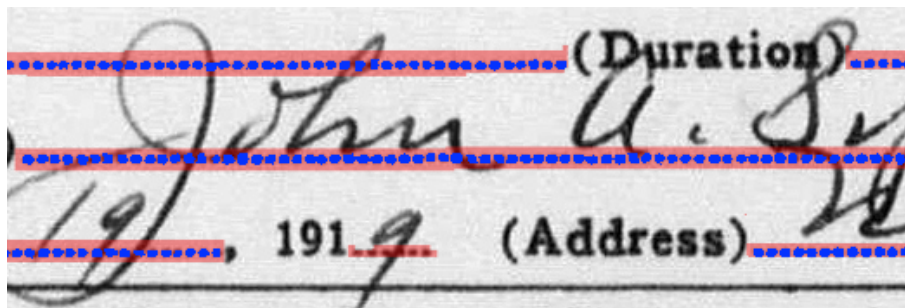
Average F-scores	GT to preds	3 GTs
Machine Print	0.813	0.888
Handwriting	0.845	0.889
Solid Lines	0.673	0.844
Dotted Lines	0.824	0.753
Stamps	0.244	0.933

Conclusions:

- HW and MP transfer in the 80-90% range
- Lines are more subjective
- Stamps transfer relatively poorly
- Needs more training data

RETURNED

11899



*Elisa H. Barney Smith. 2010. An analysis of binarization ground truthing. In *Proceedings of the 9th IAPR International Workshop on Document Analysis Systems (DAS '10)*. ACM, New York, NY, USA, 27-34. DOI=<http://dx.doi.org/10.1145/1815330.1815334>

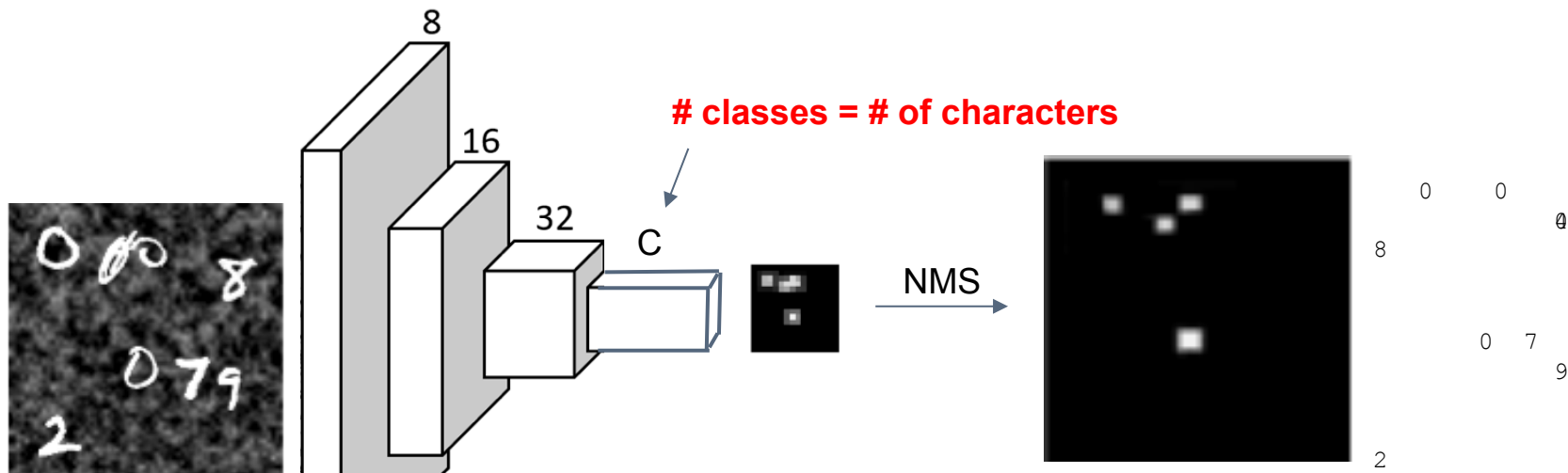
Overview

1. What is Page Segmentation?
2. Neural Network Architectures for Page Segmentation
 - a. (How to build your own Neural Network for a Document Pixel Labeling task)
3. Handling overlapping content in document images
4. **A natural extension to OCR**
5. Challenges and Frontiers

What if I could tell you...

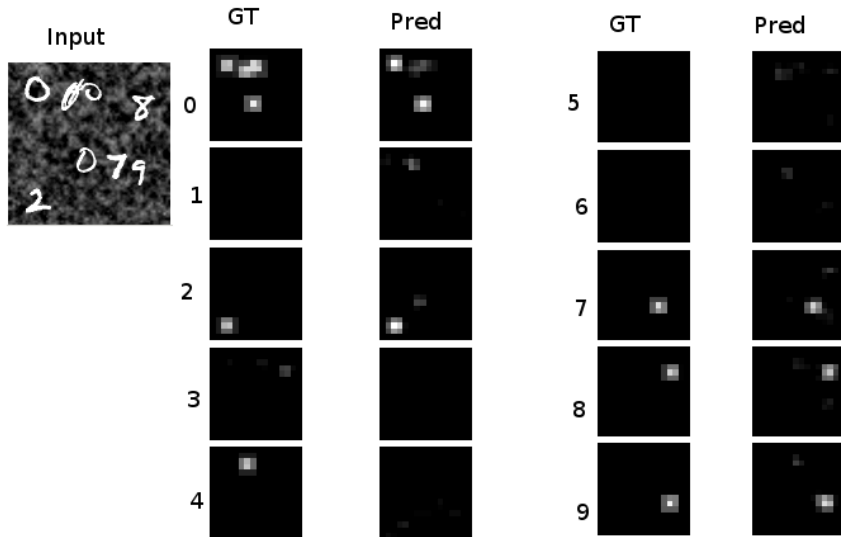
Not only is it **machine print**, it's a "9"

Modification for character prediction



- Network is truncated to allow coarser spatial prediction
- Threshold + Non-Maximal Suppression can be used to identify characters directly

Segmentation-free character recognizer

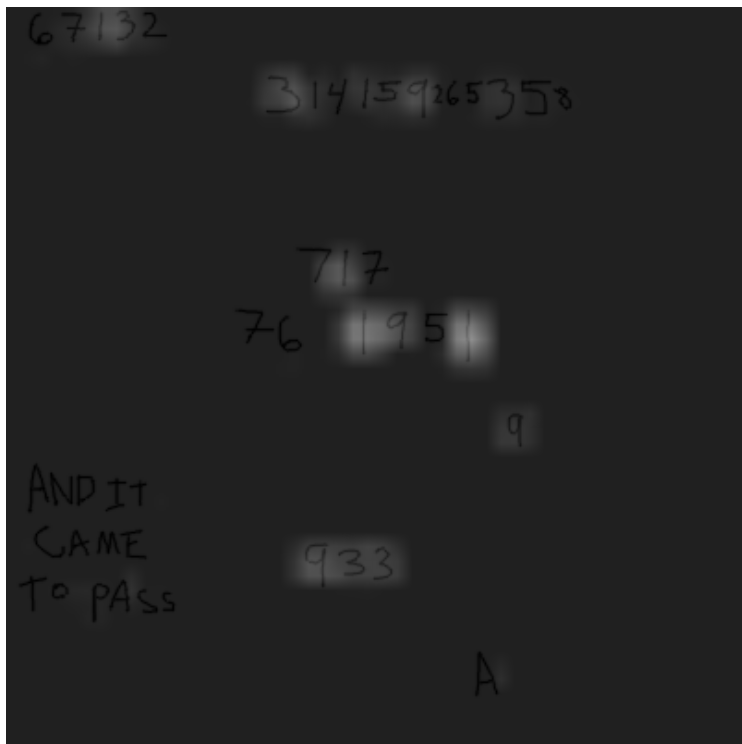


- Semantic Segmentation is performed to produce character heatmaps
- Easy to ground-truth
- Without tuning, a shallow network is 95% accurate at regressing MNIST digits at arbitrary locations

Segmentation-free character recognizer

Not constrained to words or lines in predetermined read order

Eliminates the need for any *a priori* word, character, or line segmentation algorithm.



Words, lines, and paragraphs can be recovered post-recognition

Overview

1. What is Page Segmentation?
2. Neural Network Architectures for Page Segmentation
 - a. (How to build your own Neural Network for a Document Pixel Labeling task)
3. Handling overlapping content in document images
4. A natural extension to OCR
5. **Challenges and Frontiers**

Open challenges / Future Work

- Network architecture search is still inefficient

 - (but maybe a small network can be good enough for some tasks?)

- Pixel labeling is still not integrated with downstream tasks (OCR, Handwriting recognition, region pairing)

- Fuse character recognition with other document processing tasks

Semantic Segmentation web demo



<http://bit.ly/2tgbo2G>

Acknowledgements

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Lucas Pinto, Allen Liao, Zhihan Tsai, Curtis Wigington
Brigham Young University

Pat Schone, Jon Morrey
FamilySearch

Scott Cohen and Brian Price
Adobe Research

Seth Stewart and Bill Barrett
Brigham Young University
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Questions?

Document Image Page Segmentation and Character Recognition
as Semantic Segmentation

Seth Stewart and Bill Barrett
Brigham Young University
stewart.seth.a@gmail.com



Future/Ongoing Work

Two-form cross-validation

Form Instance A validated against Form Instance B				
Class	Training		Validation	
	Precision	Recall	Precision	Recall
Machine Print	0.927	0.783	0.812	0.891
Handwriting	0.930	0.868	0.842	0.929
Solid Lines	0.815	0.912	0.574	0.996
Dotted Lines	0.857	0.923	0.735	0.927
Stamps	0.794	0.885	0.199	0.282

Trained on Form Instance B				
Class	Training		Validation	
	Precision	Recall	Precision	Recall
Machine Print	0.967	0.945	0.869	0.703
Handwriting	0.935	0.940	0.897	0.734
Solid Lines	0.906	0.916	0.743	0.530
Dotted Lines	0.930	0.920	0.885	0.777
Stamps	0.682	0.979	0.279	0.235

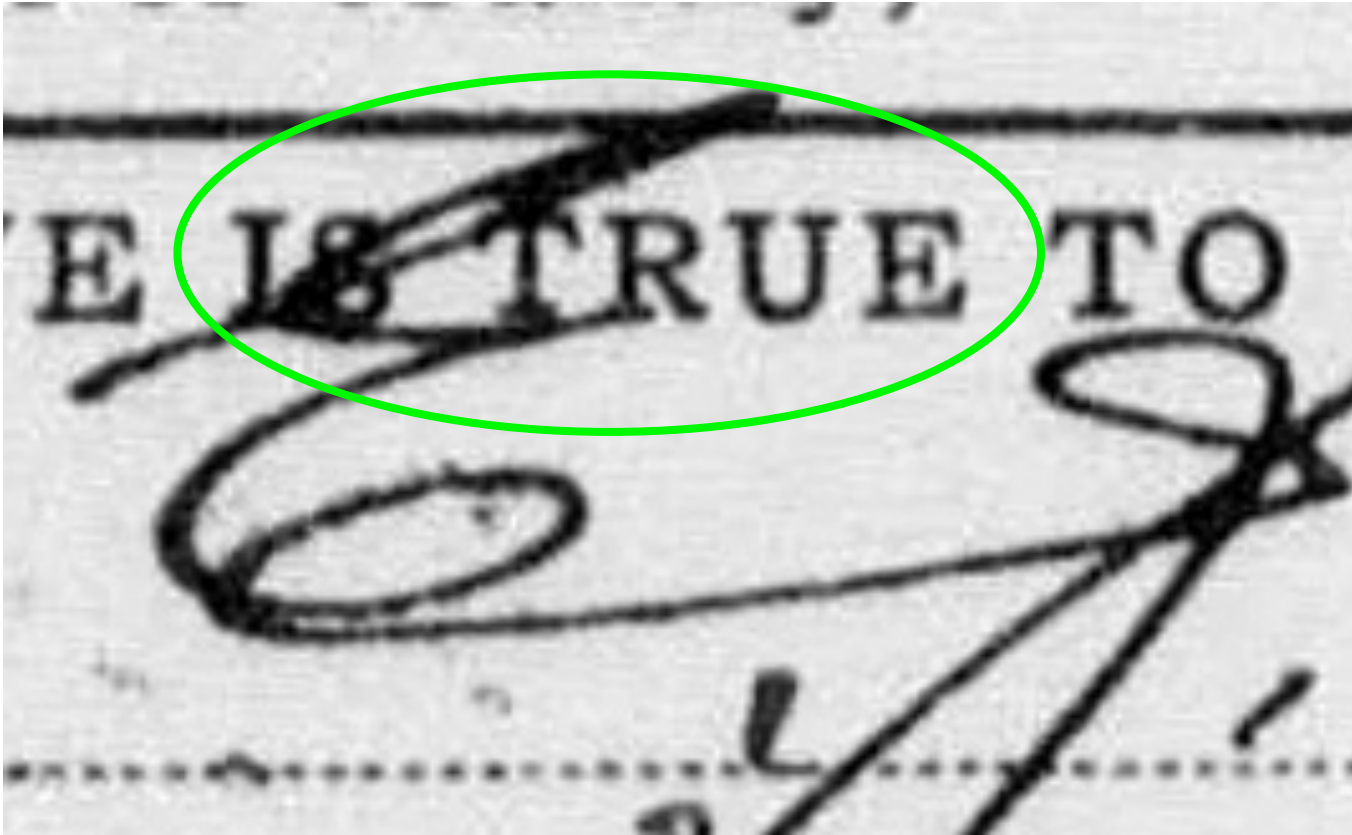
Compare to Chen and Seuret's **77-96 f.w. IU** on Parzival, Washington, and Saint Gall databases
IU can be seen as symmetric precision & recall.

It is bounded as pessimistic, score-wise, relative to Prec & Rec. In other words, it will always be lower than either of these.
IU is a lower bound on Prec & Rec.

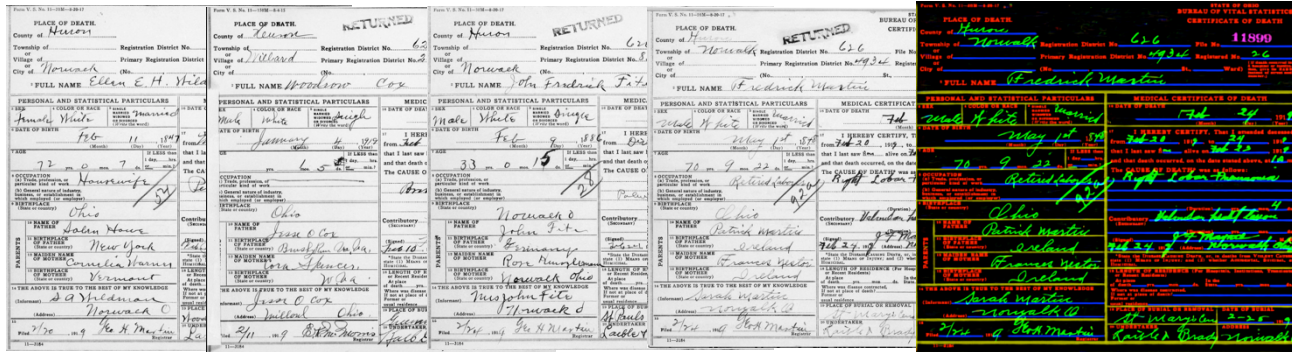
But these are against arbitrary pixel-level ground truth

TODO: Compare to HBA results

Handling Class Overlap



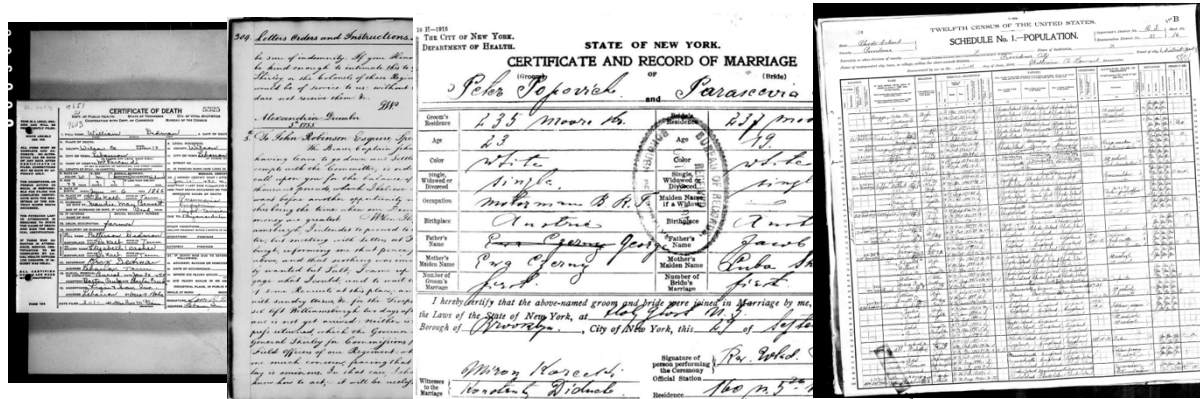
Larger Dataset Creation



Similar layouts

Answers the question:
How well do classes transfer to similar images?

Early 20th Century Death Records



Different layouts

Answers the question:
How well do classes transfer across different layouts?

1800s-1900s Birth Certificates, Marriage Records, Wills, Census Records, etc.

Results on Different form types

10 H-1915
THE CITY OF NEW YORK,
DEPARTMENT OF HEALTH.

STATE OF
CERTIFICATE AND RETURN

Peter Toporich (Groom) of
and

Groom's Residence	<i>135 Moore St.</i>
Age	<i>23</i>
Color	<i>White</i>
Single, Widowed or Divorced	<i>Single</i>
Occupation	<i>Masterman B. P. S.</i>
Birthplace	<i>Austria</i>
Father's Name	<i>Eva Czerny George</i>
Mother's Maiden Name	<i>Eva Czerny</i>
Number of Groom's Marriage	<i>first</i>

I hereby certify that the above-named groom and bride are united in Marriage by me, in accordance with the Laws of the State of New York, at *St. George's* Borough of *Brooklyn*, City of New York, this *12th* day of *April*, 1914.

Witnesses to the Marriage
Myron Karselski
Konstantin Dikubek



No. of Certificate

NEW YORK
OFFICE OF MARRIAGE
(Index)

Paracovia Toporich

Name	<i>135 Moore St.</i>
Age	<i>23</i>
Color	<i>White</i>
Single, Widowed or Divorced	<i>Single</i>
Occupation	<i>Austria</i>
Father's Name	<i>George</i>
Mother's Maiden Name	<i>Eva Czerny</i>
Number of Groom's Marriage	<i>first</i>

He is joined in Marriage by me, in accordance with the Laws of the State of New York, at *St. George's* Borough of *Brooklyn*, City of New York, this *12th* day of *April*, 1914.

Witnesses to the Marriage
Rev. John Salinger
135 Moore St.

Results on Different form types

46

PLACE OF BIRTH
County of Putnam
Township of Leipke
Village of Leipke
City of Leipke
No. St.
Ward

STATE OF OHIO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH
Registration District No. 499 File No.
Primary Registration District No. 9526 Registered No. 23

If birth occurs in a hospital or other institution give name of same, instead of street and number
FULL NAME OF CHILD William Calcutus Morn

Sex of Child Male Legitimate? Yes Twin, Triplet, or other? and Number in order of birth Date of birth Apr. 19 1910
(Month) (Day) (Year)
To be answered in case of plural births only

FULL NAME <u>William B Morn</u> RESIDENCE <u>Leipke Ohio</u> COLOR OR RACE <u>White</u> BIRTHPLACE <u>Seneca Co. Ohio</u> OCCUPATION <u>Carpenter</u>	FATHER FULL MAIDEN NAME <u>Eleanor Raup</u> RESIDENCE <u>Leipke Ohio</u> COLOR OR RACE <u>White</u> BIRTHPLACE <u>Ottawa Ohio</u> OCCUPATION <u>Lawrence</u>	MOTHER
---	---	--------

Number of child of this mother 4 Number of children, of this mother, now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on Apr. 19, 1910, at 1 P.M.
(Signature) Miley D Hickey
Physician
(Physician or Midwife.)
Given name added from a supplemental report. , 1910
Address Leipke Ohio
Filed Apr. 19 1910 John E Morn
Registrar.

46

PLACE OF BIRTH
County of Putnam
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Village of Leipke
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Number of child of this mother 4 Number of children, of this mother, now living 4

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Validation

Performance Measures

Precision

$$P_i = \frac{n_{ii}}{\sum_j n_{ji}}$$

Recall

$$R_i = \frac{n_{ii}}{\sum_j n_{ij}}$$

F-Score

$$F_{score,i} = 2 \times \frac{P_i \times R_i}{P_i + R_i}$$

Accuracy

$$acc = \frac{\sum_i n_{ii}}{\sum_i t_i}$$

Mean Accuracy

$$acc_{mean} = \frac{1}{n_c} \frac{\sum_i n_{ii}}{\sum_i t_i}$$

Intersection Over Union

$$IoU_{freqwt} = \frac{1}{n_c} \sum_i \frac{t_i \times n_{ii}}{t_i + \sum_j n_{ji} - n_{ii}}$$

Mean Intersection Over Union

$$IoU_{mean} = \frac{1}{n_c} \sum_i \frac{n_{ii}}{t_i + \sum_j n_{ji} - n_{ii}}$$

1. Similar Layouts



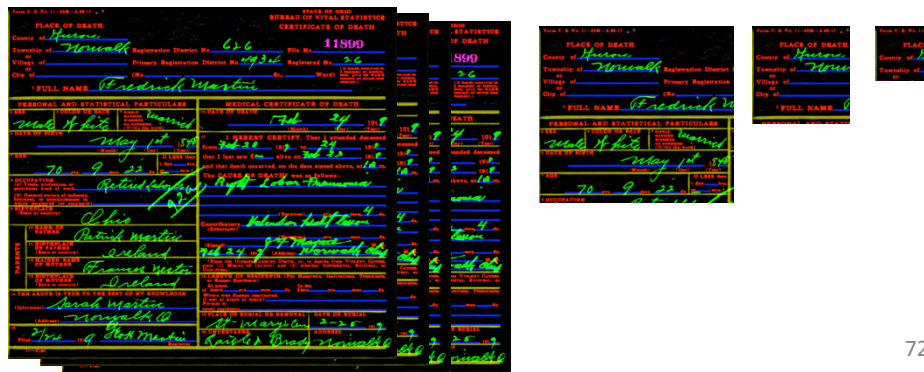
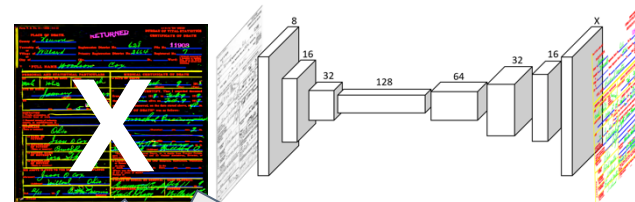
2. Similar Contents



3. Human-to-Human vs. Machine-to-Human



4. Dataset size analysis: how much is too little?



How to get crisp upsampling?

Train the network at multiple scales, and then at inference time...

Inflate the resolution of the image you are predicting on!