

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County Benton  
Township \_\_\_\_\_ or Village \_\_\_\_\_ or City Warsaw (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Registration District No. 61 File No. 31429  
Primary Registration District No. 4036 Registered No. 33

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Charles Winston Blackmore

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE black SINGLE single MARRIED WIDOWED OR DIVORCED (Write the word)  
DATE OF BIRTH Oct 9th 1914 (Month) (Day) (Year)  
AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_ (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
BIRTHPLACE (City or town, State or foreign country) Warsaw  
PARENTS  
NAME OF FATHER John Blackmore  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Warsaw  
MAIDEN NAME OF MOTHER Ella Shobe  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Warsaw

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16, 1914 (Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from Oct 9, 1914, to Oct 16, 1914, that I last saw him alive on Oct 16, 1914, and that death occurred, on the date stated above, at 7 P m.  
The CAUSE OF DEATH\* was as follows:  
Pneumonia

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) J. Smith M. D. (Address) Warsaw

\*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 \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Ella Blackmore  
(ADDRESS) Warsaw

PLACE OF BURIAL OR REMOVAL Lincoln Mo DATE OF BURIAL Oct 17, 1914  
UNDERAKER G. M. White ADDRESS Warsaw

Filed Oct 18, 1914 J. Smith REGISTRAR

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of .....

(name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATED UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH

*Benton*

County

Township

Village

City

*Warsaw*

Registration District No.

*61*

File No.

Primary Registration District No.

*4036*

Registered No.

*33*

FULL NAME

*Charles Winston Blackmore*

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

*M* *B* *Single*

DATE OF DEATH

*Oct 16 1914*  
(Month) (Day) (Year)

DATE OF BIRTH

*Satisfactory Information supplied.*

HEREBY CERTIFY, that I attended deceased from

*Satisfactory Information supplied.*

that I last saw h. alive on

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

the CAUSE OF DEATH\* was as follows:

AGE

*Satisfactory Information supplied.*

If LESS than 1 day, hrs. or min.

OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

*Neuronal Cerebrus*

BIRTHPLACE

(City or town, State or foreign country)

(Duration) mos. ds.

NAME OF FATHER

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

(Signed) *J.R. Smith M.D.*  
1914 (Address) *Warsaw, Mo.*

MAIDEN NAME OF MOTHER

\*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

(City or town, State or foreign country)

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Where was disease contracted if not at place of death?

Former or usual residence

(ADDRESS)

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

FILED

*Oct 18 1914*

1914

*J.R. Smith*  
REGISTRAR

UNDERTAKER'S

ADDRESS

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SUPPLEMENTARY

# Revised United States Standard Certificate of Death

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