

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 Salem

Township Blackburn

Village Blackburn

City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 753

File No. 19 30638

Primary Registration District No. 4474

Registered No. _____

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

FULL NAME Taylor Entrickew

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
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DATE OF BIRTH Aug 27, 1849
(Month) (Day) (Year)

AGE 68 yrs 11 mos 6 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE
(City or town, State or foreign country) Chilacotho Ohio

PARENTS	NAME OF FATHER <u>John Entrickew</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>MA</u>
	MAIDEN NAME OF MOTHER <u>Frances Moore</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>MA</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. L. Whitelie
(ADDRESS) Stater Mo

Filed Aug 3, 1917. G. H. Michant
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 2, 1917, to Aug 2, 1917, that I last saw h_e alive on Aug 2, 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
131
64 few minutes
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory Nephritis Chronic
(SECONDARY) (Duration) 2 yrs. ___ mos. ___ ds.

(Signed) G. H. Michant M. D.
Aug 3, 1917 (Address) Blackburn Mo

*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 <u>Blackburn Cem.</u>	DATE OF BURIAL <u>Aug 4</u> , 191 <u>7</u>
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UNDERTAKER <u>Geo & Hassemer</u>	ADDRESS <u>Blackburn Mo</u>
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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.

Planter, Physician,
Teacher, Civil engineer,
cases especially in
Justice to know (a) the
of the business or
line is provided for
only when needed.
in mill; (a) Salesman,
Automobile factory. The
part of the second state-
"Foreman," "Manager,"
precise specification, as Day
er—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.)