

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

Do not use this space.

APR 27 1936

13617

-1. PLACE OF DEATH

County Saline
Township Wheatland
City Marshall (No. Fitzgibbon Hosp.)

Registration District No. 796
Primary Registration District No. 3038

File No. 1
Registered No. 62
St. _____ Ward _____

2. FULL NAME

Nancy Jane Entekin
(a) Residence, No. _____ St. _____ Ward _____ State, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20-1909

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>26</u>		<u>2</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State, Mo.

13. NAME Frank T. Entekin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

15. MAIDEN NAME Fanny Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

17. INFORMANT Frank Entekin (ADDRESS) State Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE State Mo. DATE 3-11-36

19. UNDERTAKER Hill Brothers (ADDRESS) State Mo.

20. FILED Mar 11, 1936 Healey-Keston Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9-1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 11 1936 to Mar 9 1936

I last saw her alive on Mar 9- 1936. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (bacterial) Date of onset _____

Other contributory causes of importance: Influenza

Name of operation None Date of _____

What test confirmed diagnosis? Autopsy an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. E. Rodewort, M. D.

(Address) State Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

