

WRITE PLAINLY, 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.

PLACE OF DEATH

County Scott
Township _____
or Village Monley
or City _____ (NO. _____ St. _____ Ward _____)

RESIDENCE (FOR HOSPITALS, TRANSIENTS, OR DIVORCED)
_____ mos. _____ d.

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

819 25133
Registration District No. _____ File No. _____
Primary Registration District No. 4495 Registered No. 24

FULL NAME Harry William Taylor

[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) child
DATE OF BIRTH July 18, 1910
AGE 2 yrs. 1 mos. 2 ds. IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Monley Mo.

PARENTS
NAME OF FATHER Marvin Taylor
BIRTHPLACE OF FATHER (City or town, State or foreign country) Commerce Mo
MAIDEN NAME OF MOTHER Bertie Hawkins
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Commerce, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Marvin Taylor
(ADDRESS) Monley Mo

Filed July 10, 1912 T. V. Moulden
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 16th, 1912, to June 18th, 1912, (that I last saw him alive on June 18th, 1912, and that death occurred, on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:

Enterocolitis
105 (Duration) _____ yrs. _____ mos. _____ ds. 1208

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Antonia S. Tate M. D.
June 18 1912 (Address) Monley 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 Oakdale DATE OF BURIAL June 19
UNDERTAKER B. J. Carles ADDRESS Monley Mo

alignant neoplasms); *Measles*; *valvular heart disease*; *Chronic*

The contributory (secondary need not be stated unless im- asles (disease causing death), a (secondary), 10 ds. Never terminal conditions, such as erely symptomatic). "Atrophy," onvulsions," "Debility" ("Con- Dropsy," "Exhaustion," "Heart 'Inanition," "Marasmus," "Old ," "Weakness," etc., when a ertained as the cause. Always ting from childbirth or mis- eptichaemia," "PUERPERAL use for which surgical operation OLENT DEATHS state MEANS OF CIDENTAL, SUICIDAL, or HOMIC- ch, if impossible to determine *Accidental drowning*; *Struck by revolver wound of head—homicide*; *—probably suicide*. The nature of skull, and consequences (e. g., ated under the head of "Con- ations on statement of cause of mmittee on Nomenclature of the ation.)

Standard Certificate th

American Public Health
ion]

Precise statement of oc- that the relative health- n be known. The ques- y person, irrespective of single word or term on e. g., *Farmer* or *Planter*, *ect*, *Locomotive engineer*, *rman*, etc. But in many employments, it is neces- f work and also (b) the dustry, and therefore an r the latter statement; it eded. As examples: (a) *Salesman*, (b) *Grocery*; *'e factory*. The material of the second statement. "Foreman," "Manager," precise specification, as *Laborer—Coal mine*, etc. aged in the duties of the *usekeepers* who receive a ed as *Housewife*, *House-* n, not gainfully employed, re should be taken to rep- s of persons engaged in s *Servant*, *Cook*, *House-* as been changed or given CAUSING DEATH, state oc- ss. If retired from busi- ated thus: *Farmer* (re- who have no occupation

leath.—Name, first, the primary affection with re-

coma, 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* (dis- ease causing death), 29 ds.; *Bronchopneumonia* (sec- ondary), 10 ds. Never report mere symptoms or ter- minal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemor- rhage," "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 septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was under- taken. 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 na- ture of the injury, as fracture of skull, and conse- quences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on state- ment of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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

PLACE
or town,
or foreign country)

NAME OF
FATHER

BIRTHPLACE
OF FATHER
(City or town, State or foreign country)

MAIDEN NAME

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M. D.

191..... (Address)

*State the Disease Cause - Death