OCT 25 1927

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

Do not use this space.

26653

1. PLACE OF DEATH
County Callaway.
Township
City Fulton. Mo. (No. ..... St. ..... Ward)
Registration District No. 104
Primary Registration District No. 3008
File No.
Registered No. 196

2. FULL NAME Wrayburn Earl Gentry.
(a) Residence. No. ..... St., ... Ward. .....
(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

3. SEX: male
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: Single.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July.17th.1920

7. AGE: Years 17 | Months 2 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor. Shoe factroy
(b) General nature of industry, business, or establishment in which employed (or employer): "
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Pearl Gentry.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Carrie McCarty.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs. Carrie Gentry.
(Address) Fulton. Mo.

15. FILED 9/20, 1927 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1927, to Sept. 19, 1927, that I last saw him alive on Sept. 19, 1927, and that death occurred, on the date stated above, at About 4.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Palio-Myelitis

16 (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) 22 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? DK

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. N. Crews, M. D.

9/19, 1927 (Address) Fulton Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ellis Cemetery
DATE OF BURIAL: Sep'21/27, 19

20. UNDERTAKER: Herndon-Taylor Furn-Co.
ADDRESS: Fulton. Mo

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.