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

Do not use this space.

32600

1. PLACE OF DEATH

County Andrew — Registration District No. 8 — File No.

Township Lincoln, — Primary Registration District No. 5011 — Registered No.

City — (No. 3 Miles West of Savannah, Mo. St. — Ward)

2. FULL NAME William Ent,

(a) Residence. No. 3 M. W. of Savannah, Mo. St., — Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise S. Ent,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25, 1836

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	90	11	4	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Know County, (STATE OR COUNTRY) Ohio,

PARENTS

10. NAME OF FATHER John Ent,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Pennsylvania,

12. MAIDEN NAME OF MOTHER Susan Baxter,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Ohio,

14. INFORMANT Mrs. Wm Ent. (Address) R.F.D.# 2, Savannah, Mo.

15. FILED Dec 1, 1927 J. W. Holcomb REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1927, to Nov 29, 1927 that I last saw him alive on Nov 26, 1927, and that death occurred, on the date stated above, at 10:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Failure

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature], M. D

Nov 30, 1927 (Address) Savannah 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	DATE OF BURIAL
Mount Carmel Cemetery	Dec. 1st. 1927
20. UNDERTAKER	ADDRESS
Frank A. Bowman	Savannah, 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.

requested to make every effort to obtain the following information, ind-
cated by check marks, lacking from the death certificate:

Name: William Ent

Who died at: Andrew Co. Mo. on Nov. 29, 1927

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or
town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Heart Failure
Chronic Heart Disease

Contributory: Senility

Where was disease contracted? _____

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