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

Do not use this space.

18593

JUL 23 1930

1. PLACE OF DEATH
County: Boone
Township: Columbia
City: " (No. ..... St. ..... Ward)
Registration District No.: 73
Primary Registration District No.: 3006
File No. .....
Registered No.: 113

2. FULL NAME: Mrs Annie Bell Gentry
(a) Residence. No. 700 Elm 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Thomas Owen Gentry

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 12, 1874

7. AGE: YEARS 56 | MONTHS 2 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: J. E. Dickey
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Danville
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Elizabeth Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Charles
(STATE OR COUNTRY): Mo

14. INFORMANT: Howard Gentry
(Address): 700 Elm St. Col. Mo.

15. FILED: June 16, 1930 Beatrice Grubb
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-14-1930

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1930 to June 14, 1930 that I last saw h. alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lesion of Heart - Leaky Heart
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Influenza
(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? No
WHAT TEST CONFIRMED DIAGNOSIS? History of case from Dr. Norris who treated case in Jan. 1930.
(Signed) E. D. Norris, M. D.
, 19 (Address) Columbia 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: Hinton Cem (Marcus Reg. Spr. Mo) — DATE OF BURIAL: June 16, 1930
20. UNDERTAKER: B. G. Baker — ADDRESS: Columbia

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.