DEC 20 1930

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

85

Do not use this space.

35387

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 1209
City St. Joseph, Mo. (No. Noyes Baptist Hospital St. Ward)

2. FULL NAME Jefferson D. Gentry
(a) Residence. (Usual place of abode) No. 1623 South 8th St., Ward. (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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August Unknown 1866

7. AGE — YEARS: 64 — MONTHS: Unknown — DAYS: — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Restruarant
(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): Ray County Missouri

PARENTS
10. NAME OF FATHER: Benjamin B. Gentry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky
12. MAIDEN NAME OF MOTHER: Sarah McKinney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

14. INFORMANT (Address): Willard B. Gentry Kansas City, Mo.

15. FILED NOV 10 1930, 19 John G. Wt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 8, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1930, to Nov 7, 1930 that I last saw h alive on Nov 7, 1930, and that death occurred, on the date stated above, at 3:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolism
92B
99A
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Endocarditis
(duration) yrs. mos. 19 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. D. Gray, M. D.
11/10, 1930 (Address) St Joseph 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: Mt. Auburn — DATE OF BURIAL: Nov. 10 1930

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1946 Calhoun

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.