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

Do not use this space.

15074

1. PLACE OF DEATH
County Newton — Registration District No. 608 — File No.
Township T. E. Franklin — Primary Registration District No. 5807 — Registered No. 9.
City Fairview (No. RFD #1 St. Ward)

2. FULL NAME Mildred Irene 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.

JUN 27 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: child at home
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12/11-1923
7. AGE: Years 7 — Months 3 — Days 24 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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): Fairview Mo.

PARENTS
10. NAME OF FATHER: Ray Gentry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Newton Co
12. MAIDEN NAME OF MOTHER: Nellie Stansbury
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Newton Co

14. INFORMANT: Mrs Ray Gentry
(Address) Fairview Mo

15. FILED April 30, 1931 L N Pannell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/6 — 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1931, to April 5, 1931, that I last saw her alive on 4-5-31, 1931, and that death occurred, on the date stated above, at 4:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid Fever
1
11B
(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) C. W. Moor, M. D.
, 19 (Address) Wheaton 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: Dice Cem Newton Co. Mo. — DATE OF BURIAL: April 7 1931
20. UNDERTAKER: J H White — ADDRESS: Fairview Mo

N. B.—Every item of information should be carefully supplied. AGE, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.