

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township Keasbey
City Keasbey (No. _____)

Registration District No. 200
Primary Registration District No. 4120

File No. 4085
Registered No. 3
St. _____ Ward _____

2. FULL NAME

(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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>—</u>	<u>3</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

13. NAME Marvin Gentry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co Mo

15. MAIDEN NAME Edna Gaines

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo

17. INFORMANT (ADDRESS) Edna Gaines Gentry Keasbey Mo

18. BURIAL, CREMATION, OR REMOVAL Keasbey Mt Olivet DATE Feb 15 32

19. UNDERTAKER (ADDRESS) C. W. Kessel Keasbey Mo

20. FILED 7/2 1932 Shas. A. Smith Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 - 1932 to Feb 14 - 1932
I last saw him alive on Feb 13 1932 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Congenital pulmonary obstruction
1570
Other contributory causes of importance _____
1570 ①

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. W. Epler M. D.
(Address) Keasbey 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.

WHITE PEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAR 22 1932

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