

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

Do not use this space.

15000

1. PLACE OF DEATH

107

County Shelby
Township Jackson
City (No. 6048)

Registration District No. 828
Primary Registration District No. ~~500~~

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

J. A. Kent

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>act 1-1881</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1 - 1881</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>6</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-17-32, 1932, to 4-20-, 1932

I last saw him alive on 4-20-32, 1932. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:
Injured riding horse bareback. Gangrene of scrotum.

Date of onset 4-16-32

Other contributory causes of importance:
None

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4-16-, 1932
Where did injury occur? near Hummerell.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury jumped from riding horse.
Nature of injury traused scrotum

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) A. M. Wood, M. D.
(Address) Shelby mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
	13. NAME <u>James Kent</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
	15. MAIDEN NAME <u>Samantha Kent</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	17. INFORMANT (ADDRESS) <u>Mrs. J. A. Kent Hummerell mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cooper Creek</u> DATE <u>Apr. 23 1932</u>	
19. UNDERTAKER (ADDRESS) <u>J. B. Brothers Shelby mo</u>	
20. FILED <u>Apr. 31st</u> 19 <u>32</u> <u>Dr. C. T. White</u> Registrar.	

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