

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

Do not use this space.

19344

1. PLACE OF DEATH

45 County St. Louis
Township Benjamin
City St. Louis (No. 855)

Registration District No. 855
Primary Registration District No. 5523

File No. 38
Registered No. 38
St. St. Ward Ward

2. FULL NAME

(a) Residence. No. St. Ward Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John C. Gentry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
45 1 17 2 35

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hammond Co
(STATE OR COUNTRY) Ind

10. NAME OF FATHER Marion M. Gentry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mary M. Gentry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hammond Co
(STATE OR COUNTRY) Ind

14. INFORMANT John C. Gentry
(Address) Highway 100 R. 1, St. Louis

15. FILED 6/30/32 V. O. Bonham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1932

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1932, to June 24, 1932, that I last saw her alive on June 24, 1932, and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of ovaries & tubes
44A//
(duration) unknown yrs. mos. da.

CONTRIBUTORY (SECONDARY) unknown
(duration) unknown yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED D
IF NOT AT PLACE OF DEATH, exploratory

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF June 15-32
WAS THERE AN AUTOPSY? no

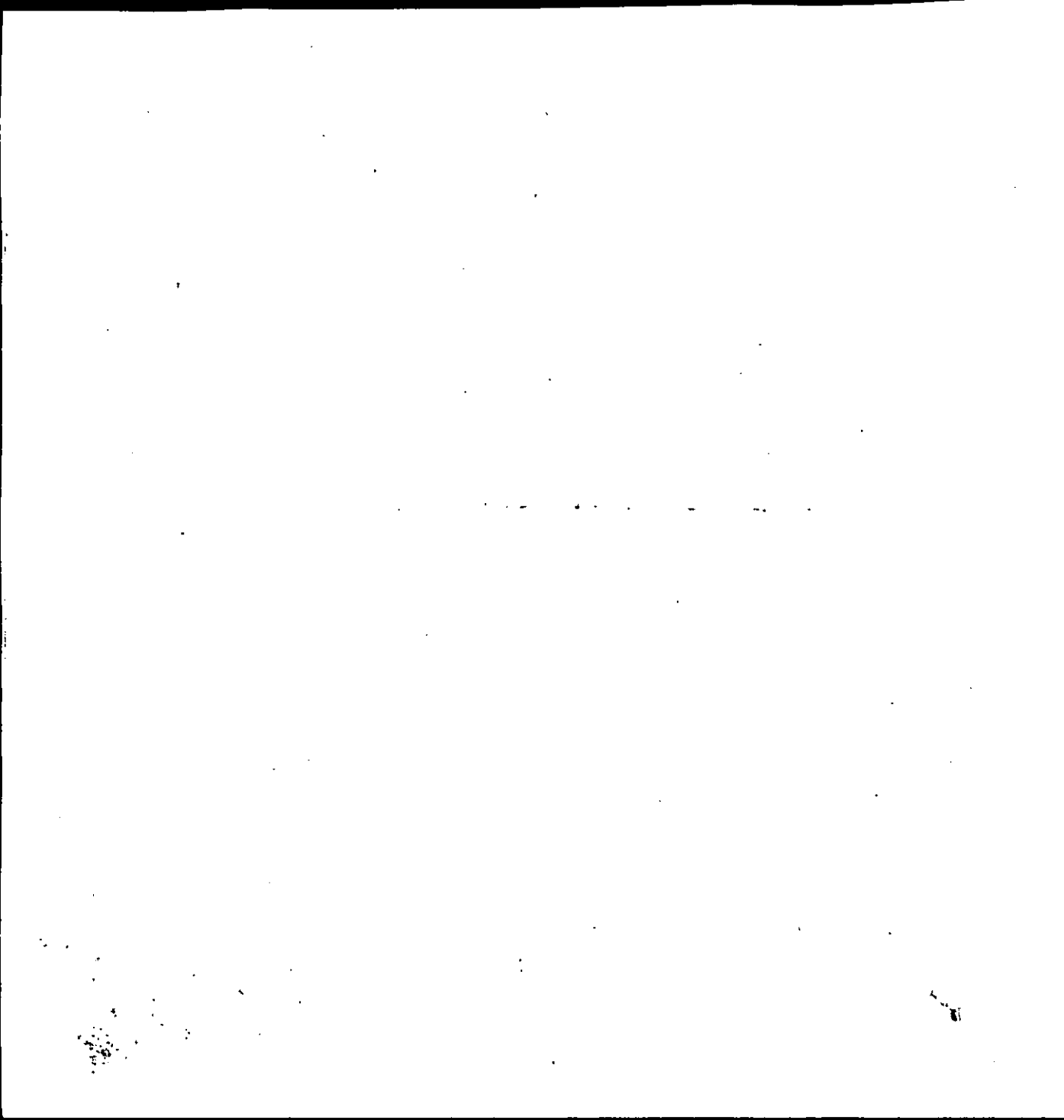
WHAT TEST CONFIRMED DIAGNOSIS? advent
(Signed) A. L. McCormick, M. D.
, 19 (Address) Moberly

*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 Highway 100 R. 1, St. Louis DATE OF BURIAL June 26 1932

20. UNDERTAKER W. H. Feiler & Highley
ADDRESS Highway 100 R. 1, St. Louis

JUL 9 3 1932



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County HowardRegistration District No. 378Township BronafermePrimary Registration District No. 3327City Georgia (No. E. Avery)

File No. _____

Registered No. 38

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

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

F

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)M5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

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.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED

6/301932V. C. Bonham

Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from

to _____, 19____

I last saw him _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at _____ m.

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

Carcinoma of ovaries
& tubes

Date of onset

Other contributory causes of importance:

Seat of Carcinoma
Ovaries

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)

M. D.

(Address)

19344