

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

Do not use this space.

2877

1. PLACE OF DEATH

91 County Repley
Township 2401st
City Zerck (No.)

Registration District No. 751
Primary Registration District No. 5990

File No. 1
Registered No. 441 St. Ward)

2. FULL NAME

Monna Jewel McEntire
(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
0

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Zerck
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Curtis McEntire
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shannon Co. Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Groce Hawkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Repley Co. Mo.
(STATE OR COUNTRY)

14. INFORMANT Curtis McEntire
(Address) Zerck Mo.

15. FILED 1/15 33 H. E. Ebel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933 to Jan 15, 1933 that I last saw him alive on Jan 14, 1933, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

cause not determined

2005 2 00 B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) —
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

19. DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? changel
(Signed) H. E. Ebel, M. D.
1/16, 1933 (Address) Repley 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 New Hope Mo. DATE OF BURIAL 1/16 1933

20. UNDERTAKER none specified ADDRESS

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.

RECORDING INFORMATION IS A PERMANENT RECORD

