

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

Do not use this space.

38987

1. PLACE OF DEATH

County Wright
Township Wright
City Mt. Grove (No. _____)

Registration District No. 908
Primary Registration District No. 4549

File No. _____
Registered No. 45
St. _____ Ward _____

2. FULL NAME Florence Gentry

(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 <u>Female</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>Otis Gentry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23 - 1900</u>		
7. AGE YEARS <u>32</u>	MONTHS <u>11</u>	DAYS <u>18</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Homewife</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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>C. A. Rhodes</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Esther Peterson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
FATHER	17. INFORMANT (ADDRESS) <u>Otis Gentry</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cathman Co. DATE 11-22-1933</u>
19. UNDERTAKER (ADDRESS) <u>Funeral Staff</u>	
20. FILED <u>11-1-1933</u> <u>Bessie M. [Signature]</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1, 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1933, to Nov 1, 1933
I last saw him alive on Nov 1, 1933 Death is said to have occurred on the date stated above, at 10:25 a.m.
The principal cause of death and related causes of importance were as follows:

Typhoid fever

Date of onset _____

Other contributory causes of importance _____
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) RA Ryan, M. D.
(Address) Mt. Grove

MAGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

