

DEC 13 1934

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

Do not use this space.

38850

1. PLACE OF DEATH

24
2
4
County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 61
City Excelsior Springs, Mo. (No. V.A. Facility) St. 3d Ward

File No.

Registered No.

2. FULL NAME GENTLE, Robert L.

(a) Residence, No. Excelsior Springs, Mo. St. 3d Ward. Davis City, Iowa
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mae Gentle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 2, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XX

10. Date deceased last worked at this occupation (month and year) XX 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookings, So. Dak.

13. NAME William Gentle

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

15. MAIDEN NAME Alta Simmons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Records V.A. Facility (ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Davis City, Iowa DATE Nov. 19, 34

19. UNDERTAKER Herbert Hope (ADDRESS) Excelsior Springs, Mo.

20. FILED 11-18-1934 Wm. Pea McCreary Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18-34, 19

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1864 to November 18, 1934

I last saw h. im. alive on November 18, 1934 Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Nephritis, chronic, diffuse Date of onset

131
955
102

Other contributory causes of importance:

Hypertension, severe

Cardiac hypertrophy

Name of operation XX Date of XXWhat test confirmed diagnosis? Exam. & Obs. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? XX Date of injury XX, 19

Where did injury occur? XX (Specify city or town, county, and State)

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

Manner of injury XXNature of injury XX

24. Was disease or injury in any way related to occupation of deceased?

If so, specify XX(Signed) H. C. HARDEGREE, M. D.(Address) VAF, Excelsior Springs, 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.

