

OCT 25 1935

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

Do not use this space.

27146

1. PLACE OF DEATH

County *New Madrid*Registration District No. *604*

Township

Primary Registration District No. *4358*City *New Madrid* (No. St. Ward)

2. FULL NAME

(a) Residence, No. *Maggie Jentry* 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 *female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jae Jentry*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1897 about*7. AGE YEARS *about 38* MONTHS DAYS If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home life*

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*13. NAME *unk*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unk*15. MAIDEN NAME *unk*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unk*17. INFORMANT (ADDRESS) *Jae Jentry*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Reverence* DATE *Aug 20*19. UNDERTAKER (ADDRESS) *Richards H. Co.*20. FILED *10/27 1935* *W. J. W. Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 1935*

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw him alive on , 19. Death is said

to have occurred on the date stated above, at *12:20 P.M.*

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

From record
Cardiac Failure
(acute)

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.

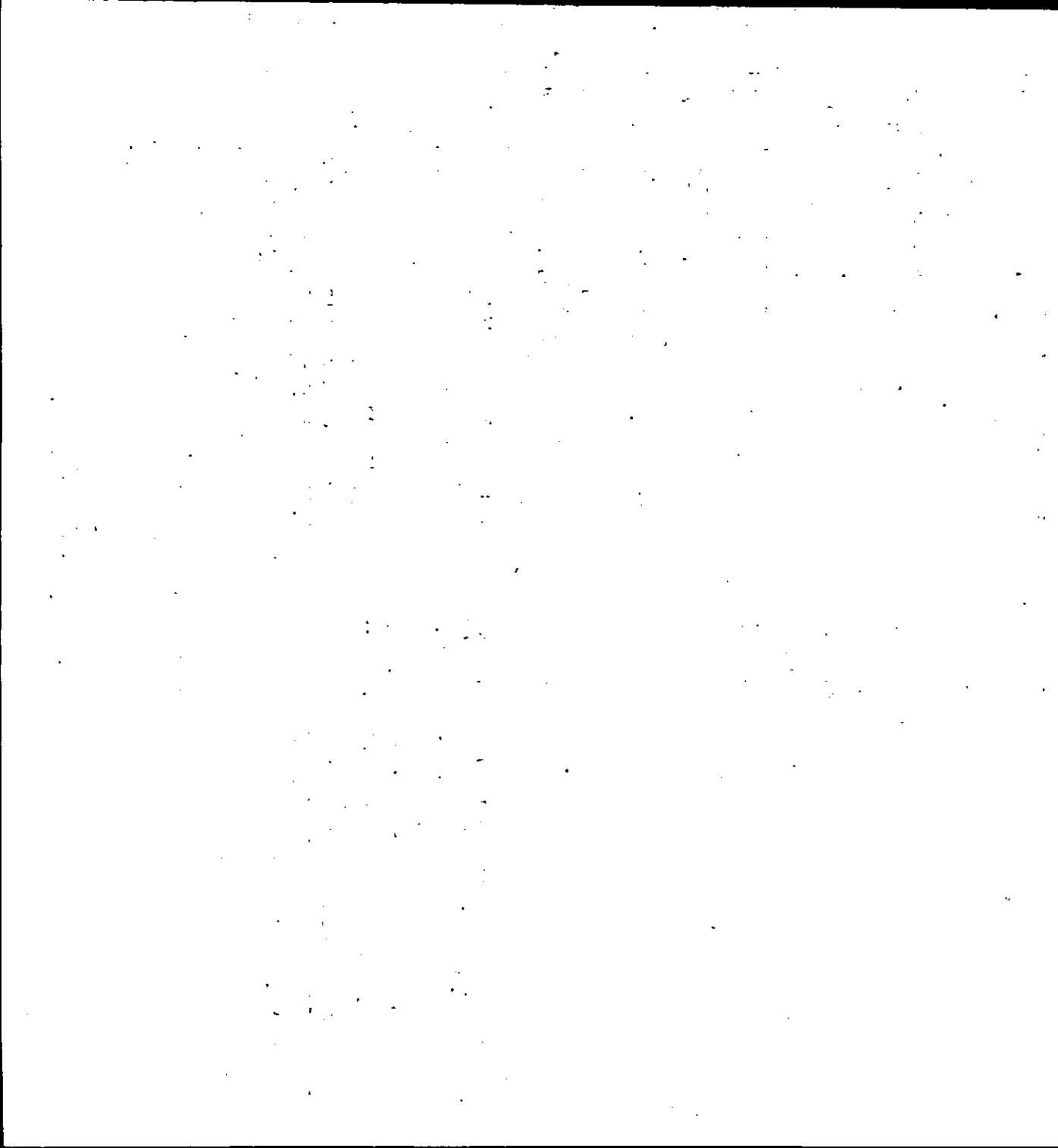
Manner of injury

Nature of injury

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

If so, specify *Richardson Corner*(Signed) *Richardson Corner, M.D.*(Address) *New Madrid*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENT

1. PLACE OF DEATH
 County New Madrid Registration District No. 604 File No. _____
 Township _____ Primary Registration District No. 4358 Registered No. _____
 City New Madrid (No. _____) St. _____ Ward _____
 2. FULL NAME Maggie Jentry (Jentry)
 (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 F 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Jentry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 3/21/1897
 7. AGE YEARS 38 MONTHS _____ DAYS _____ LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as Wife sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as mill saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Joe Jentry
 (ADDRESS) 224 S. 2nd St., No.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Newnan, Mo DATE 8/24 1935
 19. UNDERTAKER Richards Und. Co
 (ADDRESS) New Madrid Mo
 20. FILED 9/24 1935 M. Bannon Registrar.

OCCUPATION
MOTHER
FATHER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1935
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:20 P.M.
 The principal cause of death and related causes of importance were as follows:
From record
Cardiac failure (acute)
(Endocarditis,
chronic)
 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) L. A. Richards, Jr., M. D.
 (Address) New Madrid

Exact statement of OCCUPATION is very important.

5-27-49

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