MAR 24 1937

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

Bohling

Do not use this space.

7604

File No. 48

Registered No. 668

1. PLACE OF DEATH

County Pettis — Registration District No. 668

Township — Primary Registration District No. 3032

City Sedalia (No. 908 So. Ohio St. Ward)

2. FULL NAME Ella Gentry

(a) Residence, No. 908 So. Ohio St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard W.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	7	

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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME James Tussey

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

MOTHER

15. MAIDEN NAME Rebecca Allison

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

17. INFORMANT Mrs. A. W. Kokendoffer
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Feb. 15, 1937

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED 2-15-, 1937 Jean Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 26th, 1936 to Feb 13th, 1937

I last saw her alive on Feb 13th, 1937. Death is said to have occurred on the date stated above, at 7-40 P m.

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

Bronchial Pneumonia and Cerebral thrombosis — Date of onset Nov 26th 1936

Other contributory causes of importance: Chronic Cystitis

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? No

If so, specify

(Signed) Cord Bohling, M. D.

(Address) Sedalia 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.