

JAN 17 1938

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

Do not use this space.

41121

1. PLACE OF DEATH 1030 Jefferson
County Jefferson Registration District No. 399 File No. _____
Township Kaw Primary Registration District No. 1002 Registered No. 5024
City Kansas City, Mo. St. St. Joseph Hospital St. _____ Ward _____

2. FULL NAME Louis Gentry
(a) Residence, No. 1030 Jefferson 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 Male	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) <u>Oct. 7, 1907</u>				
7. AGE YEARS <u>30</u>	MONTHS <u>2</u>	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck Driver</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Road Construction</u>			
	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) <u>Lexington Missouri</u>				
FATHER	13. NAME <u>Frank Gentry</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisville Kentucky</u>			
MOTHER	15. MAIDEN NAME <u>Tillie Elizabeth Beckman</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Mrs. Tillie Gentry</u> (ADDRESS) <u>Dover Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Florel Hills</u> DATE <u>12 8 14 / 1937</u>				
19. UNDERTAKER <u>Wamsley Funeral Home</u> (ADDRESS) <u>Independence, Mo.</u>				
20. FILED <u>Dec. 14 1937</u> <u>M. M. Brown</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/12/37 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____
Chown

I last saw him _____ alive on _____ 19____ Death is said to have occurred on the date stated above, at _____ m.
8:45 H.

The principal cause of death and related causes of importance were as follows:
Acute Myelitis of the spinal cord
Terminal Bronchopneumonia

Other contributory causes of importance: 810

Name of operation _____ Date of _____
What test confirmed diagnosis Alphey Was there an autopsy Yes

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) Alphey _____, M. D.
(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.

1911