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

Do not use this space.

File No. 2614

Registered No. 158

Registration District No. 272

Primary Registration District No. 5329

1. PLACE OF DEATH

County: Douglas

Township: Benton

City: Ava Mo (No. ..... St. ..... Ward)

2. FULL NAME Joe Lean Gentry 536

(a) Residence, (No. ..... 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*)
Male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12 1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or 40 min.

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 COUNTY) R. Ava, Mo

FATHER

13. NAME Coleman Gentry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ava Mo

MOTHER

15. MAIDEN NAME Ruth Ross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Fair Colo.

17. INFORMANT Colman Gentry (ADDRESS) Ava, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gentry DATE Jan. 13 1938

19. UNDERTAKER Friends (ADDRESS)

20. FILED 2-9 1938 Henry Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1938, to Jan 12 1938

I last saw him alive on Jan 12 1938. Death is said to have occurred on the date stated above, at 12 m.

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

asphyxiation following birth — Date of onset 1-12-38

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

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) R. M. Norman, M. D.

(Address) Ava Mo

Dr. R. M. Norman

RECEIVED
FEB 24 1938
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MO. STATE BOARD OF HEALTH