

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 18 1938

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

Do not use this space.

43596

1. PLACE OF DEATH
 54 County Lafayette Registration District No. 460
 Township Doues Primary Registration District No. 5623
 City Doues St. _____ Ward _____

2. FULL NAME John Lewis Gentry
 (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 ma 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) Dec 11 - 1938

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
			1	

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) Doues Mo

MOTHER FATHER

13. NAME John R Gentry

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

15. MAIDEN NAME Violet Ussley

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

17. INFORMANT John R Gentry (ADDRESS) Doues, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Doues, Mo DATE Dec 12 1938

19. UNDERTAKER Winkler (ADDRESS) Livingston Mo

20. FILED Dec 27 1938 Tiffany Registrar. 413

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from December 11 1938 to December 12 1938
 I last saw him alive on December 11 1938 Death is said to have occurred on the date stated above, at 4 a. m.
 The principal cause of death and related causes of importance were as follows:
Injury at birth, without Caesarean operation
 Date of onset _____

Other contributory causes of importance:
Instrumental delivery through a narrowed pelvis

Name of operation forceps delivery Date of 12/11/38
 What test confirmed diagnosis? _____ 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? _____
 If so, specify Geo. A. Kelling, M.D.
 (Signed) Geo. A. Kelling _____, M. D.
 (Address) Waverly, Missouri

Beaver
Killing
recommending

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/1/39