

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

Do not use this space.

REC'D FEB 27 1939

1. PLACE OF DEATH

County Reynolds
Township Black River
City (No. _____) _____ St. _____ Ward _____

Registration District No. 747
Primary Registration District No. 5950

File No. 3647
Registered No. _____

2. FULL NAME Gentry Carty 2

(a) Residence, No. Black Mo. St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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) Jan. 3, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 0 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Black Mo. (STATE OR COUNTRY) 0

FATHER 13. NAME Lafayette Carty

14. BIRTHPLACE (CITY OR TOWN) IOWA (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Sarah O'Dell 0

16. BIRTHPLACE (CITY OR TOWN) Wayne County (STATE OR COUNTRY) Missouri

17. INFORMANT John Leuenberger (ADDRESS) Black Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Mo. DATE Jan. 17 1939

19. UNDERTAKER Norman White & Sons (ADDRESS) Ironton Mo.

20. FILED _____ 19 _____ Registrar. 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1939, to Jan 16 1939
I last saw him alive on Jan 12 1939. Death is said to have occurred on the date stated above, at 9.40a.m.

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

Pneumonia (Lobar)
Influenza 11A
Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? bleued 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) C. M. Fitzpatrick, M. D.
Pesterville, Mo. (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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

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Do not use this space.

1. PLACE OF DEATH

(a) County Reynolds Registration District No. 747
 (b) Township Black River Primary Registration District No. 5980 Registered No. _____
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gentry Carty

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-1939

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-5-1860

I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 0 13

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

Other contributory causes of importance: _____

FATHER 13. NAME Lafayette Carty

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) _____

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

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

19. FUNERAL DIRECTOR (ADDRESS) _____

If so, specify (Signed) P. M. Fitzgerald, M. D.

20. FILED Mar 28 1939 no J. P. Pyle Local Registrar.

(Address) Leitchville mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

SUPPLEMENTARY

