

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

Do not use this space.

10675

1. PLACE OF DEATH

County..... Registration District No. 1001
 Township..... Primary Registration District No. 1000
 City St. Louis, Mo. (No. St. Anthony) St. 16 Ward 16

File No.
 Registered No. 2685

2. FULL NAME

(a) Residence. No. St. 16 Ward 16
 (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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 15 25 5

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Miner 2011/108
 (b) General nature of industry, business, or establishment in which employed (or employer) Coal
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-15 1930

17. No Physician Attendance
 HEREBY CERTIFY That I attended deceased from 19....., to 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
John Pneumonia (Fract. Right Tibia, left Tibula) received in premature explosion (dynamite) in stone quarry (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Manner and cause could not be ascertained (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? 1/16/29 DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kernor, M.D.
3/17/30 (Address) Dep. Coroner

9. BIRTHPLACE (CITY OR TOWN) Banner, Mo. (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Andrew G. Yentley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mary E. Hillman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Banner, Mo. (STATE OR COUNTRY) Mo.

14. INFORMANT Fred Yentley (Address) St. Louis, Mo.

15. FILED APR 17 1930 Ray D. Barkley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leadwood, Mo. DATE OF BURIAL 3-18-1930

20. UNDERTAKER Boyer and Co ADDRESS Leadwood, Mo.

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.

43-5-26

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New York imports

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County.....
Township.....
City.....*St. Louis* (No.....)

Registration District No.....*491*
Primary Registration District No.....*1003*

File No.....
Registered No.....*2685*
St..... Ward.....

2. FULL NAME

James Monroe 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Div.*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept - 19 1885*

7. AGE YEARS MONTHS DAYS *44 5 26*
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... (duration) yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(State or Country)

10. BIRTHPLACE OF FATHER

(State or Country)

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(State or Country)

14. INFORMANT

(Address)

15. FILED..... 19.....

Max A. Starker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *3/15 1928*

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., and that I last saw him....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-10675