

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

Do not use this space.

28393

1. PLACE OF DEATH

County Andrew
Township Jefferson
City Mexico Mo (No.)

Registration District No. 24
Primary Registration District No. 3002

File No.
Registered No. 96
St. Ward)

2. FULL NAME

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15 - 1928

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
3 8 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(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) Andrew Co., Mo.

10. NAME OF FATHER Leuel Gentry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co., Mo.

12. MAIDEN NAME OF MOTHER Velva Weeks

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

14. INFORMANT Leuel Gentry
(Address) Mexico Mo. - R. 1710.

15. FILED Sept 2, 1932 Ira S. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 1 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 31 1932 to Sept 1 1932 that I last saw her alive on Sept 1 1932 and that death occurred, on the date stated above at 3 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Scarlet Fever

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED do not know

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robert Berry, M. D.

, 19 (Address) Mexico Mo

*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

Mexico Mo.

Sept. 2 1932

20. UNDERTAKER

ADDRESS

McPherson

Mexico Mo.

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.

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

OCT 24 1932

