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.

JAN 11 1935

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

Do not use this space.

88

1. PLACE OF DEATH
County Barry — Registration District No. 31 — File No.
Township Butterfield — Primary Registration District No. 6240 — Registered No. 47
City (No. , St. Ward)

2. FULL NAME Phyllis Ann Gentry
(a) Residence, No. 1/4 E Butterfield 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: Female
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. 30, 1934
7. AGE: YEARS 0 — MONTHS 0 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Barry County Missouri

FATHER
13. NAME Roy Howard Gentry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butterfield Missouri

MOTHER
15. MAIDEN NAME Bessie Agnes Vaughan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo.

17. INFORMANT (ADDRESS) Roy Gentry Butterfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant DATE Jan. 9 1935
19. UNDERTAKER (ADDRESS) Koon Funeral Home Cassville, Mo.
20. FILED 1-9 1935 Mattie Blankenship Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1935
22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1934 to Dec. 30, 1934
I last saw her alive on at birth, 19.... Death is said to have occurred on the date stated above, at 10:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Emaciation	birth

Other contributory causes of importance: Premature Infant.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....
(Signed) E. A. McDaniel O.B.D., M. D.
(Address) Cassville, Mo.