REC'D JUN 17 1938

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

Do not use this space.

File No. 18106

Registered No. 41

1. PLACE OF DEATH
County: Cooper
Township: Clarks Fork
City: (No. , St. Ward)
Registration District No. 218
Primary Registration District No. 5307

2. FULL NAME: Mrs Susan Mary Woodson Gentry 531.
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Arch B. Gentry.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 15 1850.

7. AGE: Years 88 | Months 2 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home.
10. Date deceased last worked at this occupation (month and year): April 1936
11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co., Mo

FATHER
13. NAME: George Shackelford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Louisa ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Miss Louisa Gentry Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Walnut Grove Church Cem DATE: May 3, 1938

19. UNDERTAKER (ADDRESS): Goodman & Koller Boonville, Mo

20. FILED: May 6, 1938 D. E. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 1 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to May 1, 1938, that I last saw her alive on April 15, 1938. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

C.H.D. Valvular Disease of Heart — Lifetime

Date of onset

Other contributory causes of importance: None

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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) A. L. Meredith, M. D.
(Address) Prairie Home Mo.