

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.

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

PLACE OF DEATH
County Sanborn
Township Adair
or
Village
or
City (NO. St. Ward)

Registration District No. 1150 File No. 57690
Primary Registration District No. 1150 Registered No. 371

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Margaret Matilda Bentch

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>widowed</u>
DATE OF BIRTH <u>June 16, 1870</u> (Month) (Day) (Year)		
AGE <u>43</u> yrs. <u>6</u> mos. <u>00</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u>		
PARENTS	NAME OF FATHER <u>James Russell</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Missouri</u>	
	MAIDEN NAME OF MOTHER <u>Wendy Green</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Missouri</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James M. Russell
(ADDRESS) Sagrada
Filed Jan 8 191 N. A. Rice
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 16, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 12, 1913, to Dec 15, 1913, that I last saw her alive on Dec 15, 1913, and that death occurred, on the date stated above, at 1:45 m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of the Lungs
234
78
Duration) 6 yrs. — mos. — ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) L. A. Glases M. D.
Dec 16, 1913 (Address) Edwards mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL Cable Cemetery DATE OF BURIAL Dec 18, 1913
UNDERTAKER D. G. Bentch ADDRESS Sagrada mo

