

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

170

4099

4699

1 PLACE OF DEATH  
County Chariton

Township  
or  
Village Dalton  
or  
City (NO. St. Ward)

Registration District No. 4099  
Primary Registration District No. 4699

File No. 23903

Registered No. 10

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME James W Bentley

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)

16 DATE OF DEATH July 25, 1916  
(Month) (Day) (Year)

6 DATE OF BIRTH Dec 17, 1984  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April, 1915, to July 24, 1916, that I last saw him alive on July 24, 1916, and that death occurred, on the date stated above, at 4 a.

7 AGE 30 yrs 7 mos 8 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:  
Phthisis Pulmonis

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmed  
(b) General nature of industry business, or establishment in which employed (or employer)

(Duration) 1 yrs 7 mos 28 ds.

9 BIRTHPLACE (City or town, State or foreign country) Chariton Co Mo

CONTRIBUTORY (Secondary)

10 NAME OF FATHER Unknown

(Duration) yrs mos ds.  
(Signed) J. F. Kimball M. D.  
July 26, 1916 (Address) Dalton Mo

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky

12 MAIDEN NAME OF MOTHER Kittie Tisdale

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 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.

(Informant) John Bentley  
(Address) Dalton Mo.

19 PLACE OF BURIAL OR REMOVAL Dalton DATE OF BURIAL 7/27, 1916

15 Filed 7/26, 1916 Wm T R. Hamilton Registrar

20 UNDERTAKER J. C. Kessler Keyesville Mo

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

corrected items 10-13 by affidavit 7/23/84 amended item 1 by affidavit for granddaugh

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

1 NAME OF DEATH  
*Chariton*  
Township  
City *Dalton* Washington

170  
Registration District No. *4099* File No. *23903*  
Primary Registration District No. *4699* Registered No. *10*

FULL NAME *James W Bentley*

[If death occurred in a hospital or institution give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *M*  
4 COLOR OF RACE *White*  
5 SINGLE MARRIED WIDOWED OR DIVORCED  
*Widowed*  
6 DATE OF BIRTH *Dec 17 1840*  
7 AGE *45* yrs. *7* mos. *8* da.  
8 OCCUPATION *Farmer*

9 BIRTHPLACE *Chariton Co Mo*  
(City or town, State or foreign country)

10 NAME OF FATHER *William Bentley*  
11 BIRTHPLACE OF FATHER *Kentucky*  
12 MAIDEN NAME OF MOTHER *Kittie Tidale*  
13 BIRTHPLACE OF MOTHER *Tenn*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *John Bentley*  
(Address) *Dalton Mo.*

15 Filed *7/26/1916* *Wm T. R. Hamilton* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 25 1916*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I *certify* deceased from *April 1915* to *July 24 1916*, that I last saw her alive on *July 24 1916*, and that death occurred, on the date stated above, at *49*.

The CAUSE OF DEATH\* was as follows:  
*Phthisis Pulmonia*  
*V&A*  
*78*  
(Duration) *1* yrs. *7* mos. *8* da.

CONTRIBUTORY (Secondary)  
(Duration) yrs. mos. da.  
(Signed) *J. Kimball* M. D.  
*July 26 1916* (Address) *Dalton Mo*

\*Specify Disease Causing Death, or, in case of Violent Causes, (1) Means of Injury; and (2) whether Accidental, Eclectic or Homicidal.  
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death yrs. mos. da. In the State yrs. mos. da.  
Where was disease contracted if not at place of death?  
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL *Dalton* DATE OF BURIAL *7/27 1916*  
20 UNDERTAKER *J. K. Rucker* ADDRESS *Keytesville Mo*