

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

Do not use this space.

35861

1. PLACE OF DEATH

County Madison
Towship Madison
City Ladonia

Registration District No. 7 24
Primary Registration District No. 4018

File No.
Registered No.
St. Ward)

2. FULL NAME

Ray William Bentley
(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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) April 28 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
28 8 3 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soldier
(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) Montgomery Co. Mo.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Callaway Co. Mo.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Montgomery Co. Mo.

14.

INFORMANT W. K. McCall
(Address) Ladonia Mo.

15.

FILED Jan. 7 1928 W. K. McCall

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-31- 19 27

17. I HEREBY CERTIFY That I attended deceased from Feb- 19 27, to Dec-31, 19 27, that I last saw him alive on Dec-29, 19 27, and that death occurred, on the date stated above, at 5.15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of the Lungs

29 31 (duration) TWO yrs. mos. da.
CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Army U.S.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs

(Signed) W. K. McCall, M. D.

12-31-27 (Address) Ladonia 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

Wellsville Mo. 1-2- 19 28

20. UNDERTAKER W. H. Granger ADDRESS Ladonia Mo.

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.

