

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

Do not use this space.

1. PLACE OF DEATH

County Knox
 Township Fabians
 City Newark (No.)

Registration District No. 445
 Primary Registration District No. 2603

File No. 28208
 Registered No.
 St. Ward)

2. FULL NAME

(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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1887 June 14

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 1 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Gen. Farmer.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Newark
 (STATE OR COUNTRY) Mo. Knox co

10. NAME OF FATHER Daniel Bentley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newark
 (STATE OR COUNTRY) Mo. Knox.

12. MAIDEN NAME OF MOTHER Elmina Blueward

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Newark
 (STATE OR COUNTRY) Mo. Knox co

14. X INFORMANT Mrs. B. H. Schofield
 (Address) Whitewater, Kansak.

15. FILED 19..... REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 19 29

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 19 29, to Aug 11, 19 29, that I last saw him alive on Aug 11, 19 29, and that death occurred, on the date stated above, at 5:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia 178X
36

CONTRIBUTORY (SECONDARY) At prison day became infected in wounds (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? At home

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

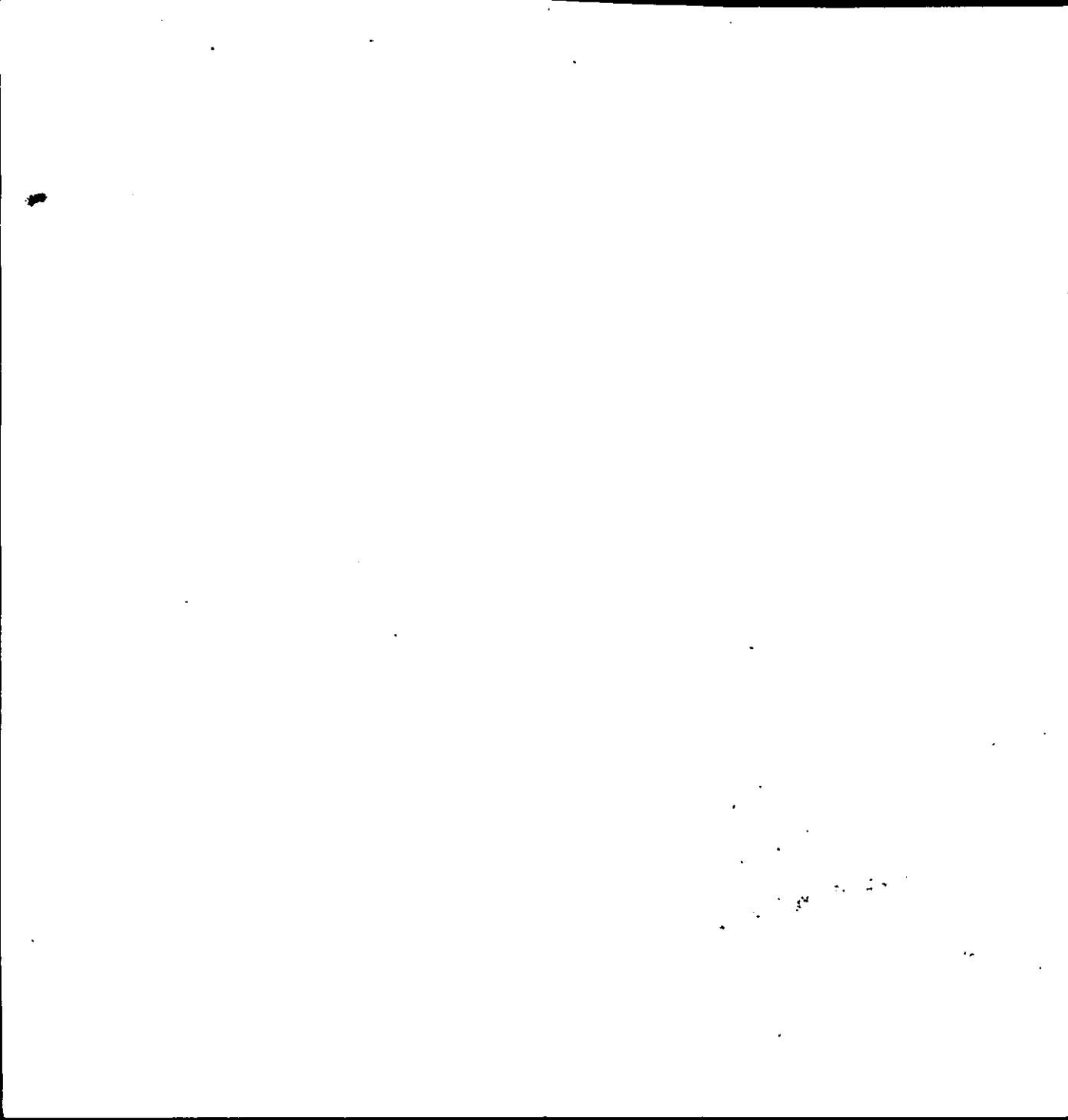
WHAT TEST CONFIRMED DIAGNOSIS? V

(Signed) C. C. Wilson, M. D.
 , 19 (Address) Newark 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 Newark Cemetery DATE OF BURIAL 8/12 19 29

20. UNDERTAKER Brothers + Imminger ADDRESS Newark Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Monroe Registration District No. 443 File No. _____
Township Fabius Primary Registration District No. 3615 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John Henry Bentley
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION OF DECEASED _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1929

17. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Septicemia
Contributory (SECONDARY) Alc Poison Dog became infected in wounds
(duration) _____ yrs. _____ mos. _____ da.

WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.

, 19____ (Address) _____

*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. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION, OR REMOVAL _____

DATE OF BURIAL _____

20. UNDERTAKER _____

ADDRESS _____

11 (Address) _____

15.

FILED Aug 11, 1929

John H. Bentley
REGISTRAR

REGISTRAR

REGIS
ATES UNTIL THEY ARE COMPLETE AS
CRIBED BY LAW

S-28208