

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

Do not use this space.

20449  
~~20547~~

**PLACE OF DEATH**

County St. Francois  
Township St. Francois  
City Farmington, Mo. (No. ....)

Registration District No. 773  
Primary Registration District No. 6018A

File No. ....  
Registered No. 88 ..... Ward

**2. FULL NAME** Caroline Bentley

(a) Residence. No. Salem? Mo. 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. mes. 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) Widow

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>about</u>	<u>86</u>	<u>2</u>	<u>2</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(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) Arkansas

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) Unknown

14. INFORMANT Hospital Records  
(Address) Farmington, Mo.

15. FILED 6-11-30 B. J. Robinson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1930

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1928, to June 10, 1930 that I last saw her alive on June 9, 1930 and that death occurred, on the date stated above, at 1:00 a.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Myocarditis (duration) 130 yrs. mos. ds.  
Chronic Interstitial nephritis and arteriosclerosis (duration) 37 yrs. mos. ds.  
(SECONDARY)

**18. WHERE WAS DISEASE CONTRACTED**

at place of death  
DID AN OPERATION PRECEDE DEATH? DATE OF .....  
WAS THERE AN AUTOPSY? Yes  
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Ralf Hanks M. D.  
10/30 (Address) Farmington 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 Salem Mo DATE OF BURIAL 6/12 1930

20. UNDERTAKER Chas H Spencer ADDRESS Salem Mo

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 very important.

FILE WITH UPDATING INK—THIS IS A PERMANENT RECORD

25 1930

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