MAR 23 1931

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

Do not use this space.

4586

1. PLACE OF DEATH County: Boone; Township: Columbia; City: Columbia (No. ..... St. ..... Ward)

Registration District No. 73
Primary Registration District No. 3006

File No. .....
Registered No. 44

2. FULL NAME: Andrew Bentley

(a) Residence. No. 301 N. Garth Ave. Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Negro	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bessie Bentley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 6-7-1897

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	8	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cook 231
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: Christian College

9. BIRTHPLACE (CITY OR TOWN): Howard County
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: George C. Bentley
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Atchison
(STATE OR COUNTRY): Kansas
12. MAIDEN NAME OF MOTHER: Laura Short
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Howard Co.
(STATE OR COUNTRY): Missouri

14. INFORMANT: Bessie Bentley
(Address): Columbia, Mo.

15. FILED 3/28/1931 F. C. Luggett by Selby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-25-1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1931, to Feb 25, 1931, that I last saw him alive on Feb 25, 1931, and that death occurred, on the date stated above, at 11 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exhaustion decomposition due to mesarphenamine
30
153B (duration) ..... yrs. 17 mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A W Kaufmann, M. D.
, 19 (Address) Columbia 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: Calvary Cemetery — DATE OF BURIAL: 3-1 1931

20. UNDERTAKER: Stuart P. Parker — ADDRESS: Columbia 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 is very important.

requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

44

Name: Andrew Bentley

Who died at: Columbia, Mo. on Feb 25, 1931

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

34

CAUSE OF DEATH: Exfoliative Dermatitis due to Neoarsphenamin

Contributory: .6 Gram Neoarsphenamin - the sixth treatment for syphilis

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

S-11586
1931