

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.

SEP 22 1931

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

Do not use this space.

28120

## 1. PLACE OF DEATH

County Howard  
Township Richmond  
City Ashton (No. \_\_\_\_\_)

Registration District No. 378  
Primary Registration District No. 5-5-26

File No. \_\_\_\_\_  
Registered No. 69  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. William Vernon Bentley St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Glasgow, Mo.

Length of residence in city or town where death occurred life 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruby Huff  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15, 1906  
7. AGE YEARS 25 MONTHS 5 DAYS 16 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Glasgow (STATE OR COUNTRY) Mo.

13. NAME James Bentley

14. BIRTHPLACE (CITY OR TOWN) Marion (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Crisie Estill

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Hallie Bentley (ADDRESS) Glasgow, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE Sep. 2, 1931

19. UNDERTAKER W. H. Anderson (ADDRESS) Glasgow, Mo.

20. FILED 9-10-31 V. Q. Burham Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1931, to Aug. 31, 1931. I last saw him alive on Aug. 31, 1931. Death is said to have occurred on the date stated above, at 3:30 A. M.

The principal cause of death and related causes of importance were as follows:

Acute appendicitis Date of onset 8-23-31  
129 121

Other contributory causes of importance: Spreading peritonitis 8-26-31

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) Wm. J. Shaw, M. D.  
(Address) Fayette, Mo.

For Dr. Bonham