

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

28777

**1. PLACE OF DEATH**

County McDonnell  
Township \_\_\_\_\_  
City Anderson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 518  
Primary Registration District No. 4574

File No. 1-1931  
Registered No. 18

**2. FULL NAME**

George Edward Bendure

(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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Bendure</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 16 - 1874</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>9</u>
	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	
	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) (STATE OR COUNTRY)  
Okla

FATHER 13. NAME  
James Bendura

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ohio

MOTHER 15. MAIDEN NAME  
Sarah Ward

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Not Known

17. INFORMANT (ADDRESS)  
Chas Bendura Anderson Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Chatham Okla DATE Aug 19 1931

19. UNDERTAKER (ADDRESS)  
Geo Tatum Mer C Anderson Mo.

20. FILED Aug 18 1931 Andrew Mitchell Registrar

**MEDICAL CERTIFICATE OF DEATH**

1 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1931

22. I HEREBY CERTIFY, That I attended deceased from 17 Aug 1931 to 18 of day 1931  
I last saw h. \_\_\_\_\_ alive on Aug 18 1931 Death is said to have occurred on the date stated above, at 9:15 P.M.

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

Myoglobin cannot be known  
870  
8210  
Other contributory causes of importance: not known

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Examination 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? at home (Specify city or town, county, and State) Mo  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gunshot  
Nature of injury same as above

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify no

(Signed) W. S. Bent, M. D.  
(Address) Anderson Mo

