

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

Do not use this space.

9002

File No.
Registered No.
St. Ward

1. PLACE OF DEATH

5-2 County Knox
3 Township Salt River
1 City Hurdland (No.)

Registration District No. 446
Primary Registration District No. 3606

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. 6 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-7-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hra. or min.
50 1 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) 2:5
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Epheworth
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER James Craighy

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

12. MAIDEN NAME OF MOTHER Lucinda Culler

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

14. INFORMANT Clyde Bentley
(Address) Hurdland

15. FILED 30, 19 12 Mrs. C. C. Gibson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1922
17.

I HEREBY CERTIFY, That I attended deceased from March 25, 1922, to March 28, 1922, that I last saw him alive on March 28, 1922, and that death occurred, on the date stated above, at 8 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
131
82-A (duration) yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) 4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. C. Gibson, M. D.
, 19 (Address) Worley 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 Glenwood Hills DATE OF BURIAL 3-30 1922

20. UNDERTAKER Mrs. J. W. Hudson & Son ADDRESS Edina

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1922

