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.

MAY 28 1932

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

Do not use this space.

11851

1. PLACE OF DEATH
16 County Cape Girardeau, Mo. Registration District No. 125
1 Township Cape Girardeau, Mo. Primary Registration District No. 3009
8 City Cape Girardeau No. 14 So Pacific St. Ward)

File No.
Registered No. 96

2. FULL NAME Mrs. Rina Maude Bentley
(a) Residence, No. 4 So Pacific 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 Female
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 J C Bentley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-6-1892
7. AGE YEARS 39 MONTHS 7 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 253
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) Keenville, Illinois

FATHER
13. NAME Hiram Montgomery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Illinois

MOTHER
15. MAIDEN NAME Sarah Boyarth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keenville, Illinois

17. INFORMANT (ADDRESS) Mrs. Sarah Montgomery 4 So Pacific
18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont DATE April 20, 1932
19. UNDERTAKER (ADDRESS) Al Burkhart 536 Broadway
20. FILED 4-20, 1932 W C Kempder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR. 17, 1932
22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1931, to 4-17, 1932
I last saw her alive on 4-17, 1932. Death is said to have occurred on the date stated above, at 6:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral)	4/17/32
131 131	

Other contributory causes of importance: Nephritis (Chint) (1)

Name of operation Date of
What test confirmed diagnosis? Lrine 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) A Smith, M. D.
(Address) Cape Girardeau Mo