

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

Do not use this space.

19197

1. PLACE OF DEATH *Gentry*
38 County *Madison*
Township *Jackson*
City *.....* (No. *.....*)

Registration District No. *625 311*
Primary Registration District No. *431*
1433

File No. *.....*
Registered No. *.....*
St. *.....* Ward *.....*

2. FULL NAME *Frank B. Bentley*

(a) Residence. No. *.....* St. *.....* Ward. *.....*

(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Noroda Hawk

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan. 9 - 1853

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, *.....* hrs. *.....* min.

79

4

23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Farming

(c) Name of employer

self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

Arnos B. Bentley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Adelia Black

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Catawugus Co. New York

14.

INFORMANT

(Address)

Everett Bentley Ransomwood Mo

15.

FILED

1932 Miss William REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 2 1932

17.

I HEREBY CERTIFY, That I attended deceased from *May 30*, 1932, to *June 2*, 1932 and that I last saw him alive on *June 1*, 1932 and that death occurred, on the date stated above, at *1:25 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of ribs, Puncture of lung from splintered rib. Cause of injury - bull

CONTRIBUTORY (SECONDARY)

Congestion of lungs

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

home

DID AN OPERATION PRECEDE DEATH?

no

DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed)

J.M. Boyles

M. D.

, 19

(Address)

Conception Junction

*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

DATE OF BURIAL

Sweet Home Cam

6/3 1932

20. UNDERTAKER

ADDRESS

Ross & Long

Ransomwood Mo

JUL - 3 1932

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

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