

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

Do not use this space.

25248

File No. _____
Registered No. 25 Ward _____

1. PLACE OF DEATH
114 County Wright Registration District No. 408
Township North Grove Primary Registration District No. 6323
City _____ (No. _____) St. _____

2. FULL NAME Opal Bendergraft
(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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.:-

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Homer Bendergraft</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-30-1914</u>		
7. AGE YEARS <u>18</u>	MONTHS <u>7</u>	DAYS <u>14</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>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Arkansas</u>		
FATHER	13. NAME <u>Haron Schlier</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va.</u>	
MOTHER	15. MAIDEN NAME <u>Maria Toliver</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Homer E. Bendergraft</u> <u>North Grove</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lincoln Star</u> DATE <u>7-29-1932</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. M. Groves</u>		
20. FILED <u>7-29-1932</u> <u>J. M. Hubbard</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1932

22. I HEREBY CERTIFY that I attended deceased from June 13 1932 to July 28 1932
I last saw her alive on July 25 1932. Death is said to have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance were as follows:
Leakage of heart
Myocarditis
Posterior pneumonia

Other contributory causes of importance:
9/11

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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. Cause or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. M. Groves, M. D.
(Address) North Grove Mo.

N. B.—Every item of information should be carefully supplied. A full statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 27 1932

Don't

Richard

25/10/58

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