

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

Do not use this space.

26843
9

File No.
Registered No. 980
St. Ward)

1. PLACE OF DEATH

72 County New Madrid
Township Anderson
City (No.)

Registration District No. 55
Primary Registration District No. 4030
2262

2. FULL NAME

Essential Bentine

(a) Residence, No. St., Ward.
(Usual place of abode)

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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 1932

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

17. I HEREBY CERTIFY, That I attended deceased from 8-20, 1932 to 10-1, 1932, that I last saw him alive on 8-21-32, and that death occurred, on the date stated above at 10:41 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1931

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 | 1 | 19 | 0 hrs. 0 min.

Gastro Enteritis
119B 119
(duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work L
(b) General nature of industry, business, or establishment in which employed (or employer) -
(c) Name of employer

CONTRIBUTORY (SECONDARY) Diarrhea
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, DATE OF 1

10. NAME OF FATHER Earnest Bentine

DID AN OPERATION PRECEDE DEATH? DATE OF 1
WAS THERE AN AUTOPSY? 1

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

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wm F. Johnson, M. D.
, 19 (Address) Madison Mo.

12. MAIDEN NAME OF MOTHER Berry

*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.

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

14. INFORMANT Wm Berry
(Address) Madison Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Portageville DATE OF BURIAL Aug 21 1932

15. FILED Sept 10 1932 M.V. Munroe
REGISTRAR

20. UNDERTAKER no undertaker

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

SEP 24 1932

