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

Do not use this space.

10611

1. PLACE OF DEATH
County Pettis — Registration District No. 672 — File No.
Township Ursulene — Primary Registration District No. 5895 — Registered No. 1
City (No. St. Ward)

2. FULL NAME Arestus Bentley
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 = 1840

7. AGE: YEARS 92 = MONTHS 9 DAYS 25 — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Malon Bentley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Kiow

MOTHER
15. MAIDEN NAME Mont Kiow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Kiow

17. INFORMANT (ADDRESS) Mrs Will Hoe

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ursulene DATE 3-3 1933

19. UNDERTAKER (ADDRESS) B. F. Parker La Monte Mo

20. FILED March 3, 1933 J T Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2 = 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1933, to Mar 2, 1933
I last saw him alive on Feb 26, 1933. Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic endocarditis
131
92A
99
131

Date of onset: Sex, Hox, Known

Other contributory causes of importance:
Chronic interstitial nephritis + arteriosclerosis

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify: none
(Signed) [illegible], M. D.
(Address) Sedalia Mo

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.