

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

Do not use this space.

1. PLACE OF DEATH

County Gentry
Township 1
City Albany (No. 1)

Registration District No. 309
Primary Registration District No. 4185

File No. 16224
Registered No. 34
St. Mo. Ward 18

2. FULL NAME Perlina Emma Bentley

(a) Residence, No. 1 St. Mo. Ward 18
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W^m Bentley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 - 1865
7. AGE YEARS 67 MONTHS 10 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Albany mo.
(STATE OR COUNTRY)

FATHER 13. NAME J. E. Farthing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Dorsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Elmer Farthing
(ADDRESS) Albany, mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview DATE May 23 1933

19. UNDERTAKER A. T. Base
(ADDRESS) Albany, mo.

20. FILED June 1, 1933 W. G. Nash
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from 4 - 21 - 1933 to 5 - 19 - 1933

I last saw her alive on 5 - 19 - 1933. Death is said to have occurred on the date stated above, at 6:55 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 1927

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clin. 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) Frederic R. Roll, M. D.

(Address) Albany, mo.

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.

JUN 22 1933

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