MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County W Jackson — Registration District No. 309 — File No. 5101

Township Kaw — Primary Registration District No. [illegible] — Registered No. 827

City Kansas City (No. 1231 Agnes St. Ward)

2. FULL NAME Iola L. Bentley

(a) Residence, No. 1231 Agnes St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: C. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3/22/1852

7. AGE: YEARS 81 — MONTHS 10 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home
10. Date deceased last worked at this occupation (month and year): 2/34
11. Total time (years) spent in this occupation: 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Co. Ky

FATHER

13. NAME: Unk Tipton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Mrs. Wm. Bentley 1003 Ann KCK

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE 2/22 1934

19. UNDERTAKER (ADDRESS): Geo. H. Long Mortuary K C K

20. FILED 2/20 1934 M. M. Crowe asst Registrar.

(3) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1934, to Feb. 20, 1934
I last saw her alive on Feb 19, 1934 Death is said to have occurred on the date stated above, at 7:12a m.
The principal cause of death and related causes of importance were as follows:

Myocardial failure

Date of onset

Other contributory causes of importance:
Senility + Nephritis (Chronic)

Name of operation ..... 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? ..... 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) [illegible] Welch, D.O.
(Address) 905 Benton

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.

Dr Welch 9th & Benton Blvd
~~Chestnut~~ 6737