

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

Do not use this space.

32641

1. PLACE OF DEATH

County Howard
Township Richmond
City Richmond (No. _____, St. _____ Ward)

Registration District No. 378
Primary Registration District No. 55-26

File No. _____
Registered No. 60

2. FULL NAME

Robin Bentley.

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/4/1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
#		<u>7</u>	<u>1</u>	

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) Howard Co. (STATE OR COUNTRY)

13. NAME Henry Bentley.

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

15. MAIDEN NAME Josephine Basket,

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

17. INFORMANT Henry Bentley. (ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Howard Co. DATE 9/5/34 19.

19. UNDERTAKER Guy T. Hallev. (ADDRESS) Fayette Mo.

20. FILED Sep 8 1934 V. Q. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5/34 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 A. m.

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

Natural Causes
Typhoid Enteritis
Not seen since death
by physician
Other contributory causes of importance:
11 1/2 - 12 1/2 hours
15 1/2
11 1/2 hr

Name of operation _____ Date of _____
What test confirmed diagnosis? Histology 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) J. E. Beckwith Coroner, M. D.
(Address) Fayette Mo

