

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.

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

Do not use this space.

1. PLACE OF DEATHCounty MontgomeryRegistration District No. 592

Township

Primary Registration District No. 4350City Montgomery

(No.)

St.

Ward)

2. FULL NAME Dr. Dorian J. 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 all 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**White**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED****HUSBAND OF
(OR) WIFE OF**Berneice Bentley**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**Jan 8 th 1979**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.5587**OCCUPATION****8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**Dentist**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)**Montgomery City Mo**FATHER****13. NAME** James Bentley**14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Montgomery Co Mo**MOTHER****15. MAIDEN NAME** Fannie Davis**16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Montgomery Co Mo**17. INFORMANT
(ADDRESS)**Mrs D.J. Bentley
Montgomery City Mo**18. BURIAL, CREMATION, OR REMOVAL****PLACE** Montgomery C.C. **DATE** 9/16/34 19...**19. UNDERTAKER
(ADDRESS)**C. W. Hopkins
Montgomery City Mo**20. FILED**Sept. 16, 1934 Beull Menzies
Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 9/15/34 19...**22. I HEREBY CERTIFY, That I attended deceased from**Sept 6, 1934 to Sept 15, 1934I last saw him alive on Sept 14, 1934 Death is saidto have occurred on the date stated above, at 10 a.m.

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

Cerebral Haemorrhage Date of onset 8.5.34Broncho-pneumonia 9.11.34

Other contributory causes of importance

Name of operation

What test confirmed diagnosis clinical 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) James C. Helm M. D.(Address) New Florence Mo

