

DEC 28 1934

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

Do not use this space.

40123

1. PLACE OF DEATH

County Montgomery
Township Montgomery
City Montgomery

Registration District No. 595
Primary Registration District No. 5791

File No. 31
Registered No. 31
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 6 yrs. 0 mos. 0 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or) WIFE OF <u>John M Bentley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 22-1852</u>		
7. AGE <u>82</u>	YEARS <u>2</u>	MONTHS <u>12</u>
		DAYS <u>12</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>same</u>
	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)
Andrew Co Mo

13. NAME
Thomas Bellis

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

15. MAIDEN NAME
Liddie Davis

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

17. INFORMANT (ADDRESS)
Mrs. Della Pearson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Wellsburg Mo DATE 11-4-34

19. UNDERTAKER (ADDRESS)
Wellsburg Mo

20. FILED Nov. 4 1934 Rev. Duke McDermott Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-3 1934

22. I HEREBY CERTIFY, That I attended, deceased from Nov-3 1933, to Nov 3 1934
I last saw her alive on Nov-13 1934 Death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance were as follows:

Chronic Bright's Disease 2 yrs
Nutritive Deficiency of heart 1 yr.

Other contributory causes of importance:

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) R. G. Hunt M. D.
(Address) Wellsburg Mo

