

MAY 27 1935

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

Do not use this space.

12656

1. PLACE OF DEATH

County

Township

City

Howard

Charleston

Glasgow

Registration District No.

Primary Registration District No.

379

4223

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

Crissie C. Bentley

2 mi. so. Glasgow Mo.

Ward.

59 yrs. 7 mos. 28 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

James Bentley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 5, 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

59

7

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

on farm

10. Date deceased last worked at this occupation (month and year)

Nov. 1, 1934

11. Total time (years) spent in this occupation

life

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

Howard County

MOTHER

13. NAME

Christopher Estill

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

mo

15. MAIDEN NAME

Loucinda Colvin

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

mo

17. INFORMANT (ADDRESS)

Mrs Winnie Bentley

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Glasgow

DATE

Apr. 4, 1935

19. UNDERTAKER (ADDRESS)

Walker Audsley

Glasgow Mo.

20. FILED

April 8, 1935

J. W. Hayden

Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Nov 1, 1934, to April 2, 1935

I last saw her alive on April 2, 1935. Death is said

to have occurred on the date stated above, at m.

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

Carcinoma Uterus

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Microscopic. 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?

If so, specify

(Signed)

M. P. Bentley, M. D.

(Address)

Glasgow Mo.

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.

