

FEB 18 1936

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

Do not use this space.

866

1. PLACE OF DEATH

County Gasconade
Township Blount
City Blount (No. _____, St. _____ Ward)

Registration District No. 302
Primary Registration District No. 6231

File No. _____
Registered No. _____

2. FULL NAME Verlene Aurelia Bentlage

(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 2 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE White 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) Oct-9-1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
12 3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School student
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) Blount, mo

13. NAME John Bentlage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blount, mo

15. MAIDEN NAME Minnie Busher

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

17. INFORMANT (ADDRESS) John Bentlage
Blount mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Blount Cem. DATE 1-26 1936

19. UNDERTAKER (ADDRESS) S. F. Richlides
Blount mo.

20. FILED _____ 19 _____ 11 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan-19, 1936, to Jan-24, 1936. I last saw her alive on Jan-24, 1936. Death is said to have occurred on the date stated above, at 6 a.m.

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

Chronic toxic nephritis History
Acute exacerbation, indefinite
Diabetes mellitus

Other contributory causes of importance: Terminal
Uraemic manifestations
Convulsions Delirium
Coma, acidosis.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Geo. H. Gronau, M. D.
(Address) Blount mo.



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1. PLACE OF DEATH

County Gasconade Registration District No. 302
Township Clay Primary Registration District No. 6231
City..... (No....., St..... Ward)

File No.....
Registered No.....

2. FULL NAME

Verlene aurelia Bentlage

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 3 12

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)..... Total time (years) spent in this occupation.....

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE....., 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 1-26 1936 L. A. Bunge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1936

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.....m.

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

Date of onset

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?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

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