

MAR 16 1936

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

Do not use this space.

4443

1. PLACE OF DEATHCounty AndrewRegistration District No. 26

Township

Primary Registration District No. 3002City Mexico Mo(No. Andrew Hospital)

File No.

Registered No. 43

St.

Ward)

2. FULL NAME Mary Frances Bentley

(a) Residence, No.

St.

Ward.

(Usual place of abode)

Hellsville Mo

(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

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Sept 7-1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.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

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN
(STATE OR COUNTRY)Montgomery Co Mo

FATHER

13. NAME

William M Bentley14. BIRTHPLACE (CITY OR TOWN
(STATE OR COUNTRY)Callaway Co Mo

MOTHER

15. MAIDEN NAME

Bernice Brandenber16. BIRTHPLACE (CITY OR TOWN
(STATE OR COUNTRY)Callaway Co Mo17. INFORMANT
(ADDRESS)William Bentley
Hellsville

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hellsville Mo DATE 2-27- 193619. UNDERTAKER
(ADDRESS)T. B. Wells
Hellsville Mo

20. FILED

Feb 27-1936 Blanche Neely
Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25/36 1922. I HEREBY CERTIFY, That I attended deceased from
2/24/ 1936, to Feb 25- 1936I last saw her alive on Feb 25- 1936 Death is saidto have occurred on the date stated above, at 12:55 p.m.

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

Large tumor of abdomen
that beginning on liver

Date of onset

Removed & sent to
Laboratory for examination

Other contributory causes of importance:

Coronary

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)

Paul E. Coil

, M. D.

(Address)

Mexico 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.

