

OCT 15 1936

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

Do not use this space.

34649

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Jackson Primary Registration District No. 1002  
City Kansas City (No. 4200) Agnes St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 4382

## 2. FULL NAME

Fred Theodore Bentley

(a) Residence, No. 4200 Agnes St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 35 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 Florence Bentley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-17-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 7 13

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

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) 12 yrs 11. Total time (years) spent in this occupation 27 yrs

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Florence Bentley  
4200 Agnes

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Oct 15 1936

19. UNDERTAKER (ADDRESS) Ow Mewcomers Sons  
Kansas City Mo

20. FILED July 31 1936 M. M. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-30 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1936, to Sept 30, 1936

I last saw him alive on Sept 27, 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:

Toxic Myocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance: 1/2

Influenza

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. M. Lawrence, M. D.

(Address) 512 Chamber Bldg

COPY TO BUREAU, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

512 Chambers Bldg

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