

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.

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 4432 Mersington) St. \_\_\_\_\_ Ward \_\_\_\_\_

33216

File No. 3301  
Registered No. \_\_\_\_\_

2. FULL NAME Laura Mae Bentley

(a) Residence, No. 4432 Mersington 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 Female 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) May 20, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 3 16

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

12. BIRTHPLACE (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Loren Bentley  
14. BIRTHPLACE (CITY OR TOWN) Bosworth, Missouri  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Evelyn Blackmore  
16. BIRTHPLACE (CITY OR TOWN) Neosho, Missouri  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Evelyn Bentley  
(ADDRESS) 4432 Mersington

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Floral Hills DATE Sept. 7, 1937

19. UNDERTAKER E. V. Lindsey & Sons  
(ADDRESS) 3811 Broadway K.C. Mo.

20. FILED Sept 7, 1937 M. M. Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1937

22. HEREBY CERTIFY, That I attended deceased from Sept 4, 1937 to Sept 5, 1937

I last saw h.c.r. alive on Sept 4, 1937 Death is said to have occurred on the date stated above, at 12:20 AM

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

Whooping Cough 8/20/37  
about  
9

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemist 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) J. J. Harmsworth, M. D.  
(Address) 1730 Prof Bldg K.C. Mo.

Dr. Farnsworth Jan. 21 1911

9 A.M. Monday

Trinity Hosp.