

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Sentry
Township Albany
City Albany (No. _____)

Registration District No. 309
Primary Registration District No. 4185

File No. 34190
Registered No. 3-3
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Junior
(Usual place of abode) Albany Mo. R. 1 D. Ward. _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) July 19 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 1 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school boy
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) (STATE OR COUNTRY) Sentry Co. Mo.

MOTHER FATHER
13. NAME Dick Bentley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sentry Co. Mo.

15. MAIDEN NAME Dora Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sentry Co. Mo.

17. INFORMANT (ADDRESS) Mr. Dick Bentley Albany Mo. R. 1 D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friendship DATE Sept 5 1937

19. UNDERTAKER (ADDRESS) Bethesda Funeral Home Albany Mo.

20. FILED Sept 4 1937 W. H. Mortimer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2 1937

22. I HEREBY CERTIFY, that I attended deceased from Sept 2 1937, to Sept 2 1937

I last saw him alive on Sept 2 1937. Death is said to have occurred on the date stated above, at 5 p. m.

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

Man Shot Wound
(shot gun)
abdomen

Other contributory causes of importance: 184

*intestinal anastomoses
Name of operation _____ Date of 9-2-37
What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9-2- 1937
Where did injury occur? farm home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun was in hands of another
Nature of injury loaded in epigastrium

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Frank H. Rose, M. D.
(Address) Albany, Mo.

