

JAN 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

52- County Knos
 Township Salt River
 City Meriden (No. 446)

Registration District No. 446
 Primary Registration District No. 5606

File No. 45776
 Registered No. 2
 St. 1 Ward

2. FULL NAME

Eric Carl Bentley

(a) Residence, No. 1 St. 1 Ward. 1
 (Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? 1 yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-12-1884

7. AGE YEARS 53 MONTHS 6 DAYS 19 If LESS than 1 day, 1 hrs. or 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Macon, Co.

13. NAME Eric Bentley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gundy, Co.

15. MAIDEN NAME Bert Thompson

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

17. INFORMANT Clara Bentley (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowen DATE Dec-13-38

19. UNDERTAKER Reich-Hudson (ADDRESS) Edina Mo.

20. FILED Jan 10 19 38 Inez McClachey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1937, to Dec 11, 1937

I last saw him alive on Dec 11, 1937. Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Polar Pneumonia Date of onset 12-4-37

Other contributory causes of importance:

Name of operation 108 Date of 108
 What test confirmed diagnosis? 108 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 108 Date of injury 108

Where did injury occur? 108
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 108
 Nature of injury 108

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify 108

(Signed) A. D. Wright Dec 3, 1937
 (Address) 108

N. B.—Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

