

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

REC'D MAY 24 1938

15727

1. PLACE OF DEATH

County St. Francois
Township Big River
City N. of Osceola Street (No. _____) St. _____ Ward _____

Registration District No. 475
Primary Registration District No. 6019

File No. _____
Registered No. 36

2. FULL NAME

Martha Matilda Bentley
(a) Residence, No. N. of Osceola Street 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Michael Bentley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>6</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) St. Francois Co Missouri

13. NAME Martina Horn

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. Walter Moore Same as above Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Chapel DATE 4/29 1938

19. UNDERTAKER (ADDRESS) Busham Und. Co Same as above Mo

20. FILED April 29, 1938 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1938, to Feb. 20 1938
I last saw her alive on Feb. 18 1938. Death is said to have occurred on the date stated above at 1:25 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Int. Nephritis (Date of onset 3)

Other contributory causes of importance: Pneumonia in Jan. 1938.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) R. B. Lester M. D.
(Address) Osceola 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.

