

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.

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

Do not use this space.

REC'D MAY 24 1938

1. PLACE OF DEATH

County Scott

Township

City Chaffee, Mo. (No. _____)

Registration District No. 816

Primary Registration District No. 4492

File No. 15984

Registered No. 8

St. _____ Ward _____

2. FULL NAME John Lloyd Bentley 534

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city of 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

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) June 25, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

—

9

29

OCCUPATION

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

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

0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chaffee Mo.

FATHER

13. NAME Lloyd Earl Bentley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co. Mo.

MOTHER

15. MAIDEN NAME Bulah Collier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ancell Mo.

17. INFORMANT (ADDRESS) Lloyd Bentley Chaffee Mo.

18. BURIAL, CREMATION, OR REMOVAL (Address) Union Park Cem. Chaffee Mo. DATE 4/25/38

19. UNDERTAKER (ADDRESS) B. S. Klinghoff & Hubbard Chaffee Mo.

20. FILED 4/25/38 Registrar W. J. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1938 to April 24, 1938

I last saw him alive on April 24, 1938. Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Bronchopneumonia Date of onset 4-17

119B

Other contributory causes of importance: Simple meningitis 10 days Acute Enteritis

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? No

If so, specify _____

(Signed) A. P. Rosenthal, M. D.

(Address) Chaffee Mo.

