

REC'D JUN 20 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Sentry  
Township Howard  
City Howard (No. 1)

Registration District No. 309  
Primary Registration District No. 5434

File No. 18230  
Registered No. 27  
St. Mo. Ward 534

## 2. FULL NAME

Marcha Evalena Bentley  
(a) Residence, No. 28 St. 28 Ward. 28  
(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie M. Bentley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 4 28

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Home maker

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) Albany Mo.

13. NAME L. C. Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Illinois

15. MAIDEN NAME Marcha Stephens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

17. INFORMANT (ADDRESS) Mrs. Melvick Wayman

18. BURIAL, CREMATION, OR REMOVAL PLACE near Friendship DATE May 11, 1938

19. UNDERTAKER (ADDRESS) Clifford Brooks

20. FILED May 9, 1938 W. G. Smart Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1938 to May 8, 1938

I last saw her alive on May 8, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance: Chronic Rheumatism

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) W. G. Smart, M. D.

(Address) Albany, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

