

REC'D SEP 26 1938

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

Do not use this space.

1. PLACE OF DEATH

County Laclede  
Township  
City Lebanon

Registration District No. 449  
Primary Registration District No. 2367  
(No. Louis Mallard Hospital)

File No. 29290  
Registered No. \_\_\_\_\_  
Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Harold Gas Bentley 534 Ward. Waynesville Mo  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. / mos. 4 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) \_\_\_\_\_  
7. AGE YEARS 36 MONTHS 9 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanics  
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) July 7, 1938 11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chaydler Okla

FATHER 13. NAME Gas. J. Bentley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Ella Chase

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredonia Kansas

17. INFORMANT (ADDRESS) Fred Bentley

18. BURIAL, CREMATION, OR REMOVAL PLACE Waynesville DATE \_\_\_\_\_ '38

19. UNDERTAKER (ADDRESS) Hoops & Son

20. FILED 8-18-38 J. M. Coe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1938, to Aug 13, 1938  
Last saw him alive on Aug 13, 1938 Death is said to have occurred on the date stated above, at 3:05 P.M.

The principal cause of death and related causes of importance were as follows:  
Liver abscess Date of onset Jan 1938

Other contributory causes of importance: 186" 15

Name of operation Exploratory with drainage Date of operation July 1938  
What test confirmed diagnosis? operation 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) P. Thompson, M. D.  
(Address) Lebanon Mo

N. B.—Every item of information 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.

12513-

RECEIVED

District Health Officer No. 7,

District File Number 7-38-82

Date Filed 9/12/38

brother, etc

FILL IN AND RETURN TO ALL SPACES CHECKED IN RED PENCIL.

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

29290  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Laclede Registration District No. 449  
 (b) Township Levanon Primary Registration District No. 4267 Registered No. ....  
 (c) City Levanon (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold Jas. Bentley  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 36 9 15

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as 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)

FATHER

13. NAME  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19... Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m.  
 The principal cause of death and related causes of importance were as follows:  
Linear abscess  
 Date of onset

Other contributory causes of importance:

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? Accident Date of injury Dec., 1937  
 Where did injury occur? Home Waynesville, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Home  
 Manner of injury Fall  
 Nature of injury Causing trauma to gall bladder and liver.

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify  
 (Signed) O. P. Thompson, M. D.  
 (Address) Levanon, Mo.

REGISTRARS SHALL BE KEPT IN SERVICE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS OF MISSOURI. AGES AND SEXES OF OCCUPATIONS AND CAUSES OF DEATH TO BE STATE IN FULL. THIS STATEMENT OF OCCUPATION IS VERY IMPORTANT. BE PROPERLY CLASSIFIED.

SUPPLEMENT

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

29290  
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1. PLACE OF DEATH  
 (a) County Laclede Registration District No. 449  
 (b) Township Lebanon Primary Registration District No. 4267  
 (c) City ..... (d) Street No. .... Registered No. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold Jas. Bentley  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 7-11-10 July 15 1910  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 95  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 36 9 13  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m.  
 The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)

Other contributory causes of importance:  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

FATHER  
 13. NAME  
 14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)

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 .....

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker DATE 6-20-38

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify (Signed) P Thompson M. D.  
 (Address) Lebanon Mo

19. FUNERAL DIRECTOR (ADDRESS) Hoops Crocker  
 20. FILED 10-28 1938 J. A. McComb Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTAL