

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.

FILED MAY 24 1940

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

Do not use this space.

14169

1. PLACE OF DEATH

County Missouri

Registration District No. 26

Township East Kansas

Primary Registration District No. 3002

City St. Louis

Andran Hospital

File No. _____

Registered No. 36

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. Montgomery Ave. West

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 3 mos. 0

How long in U. S., if of foreign birth?

yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

white

widowed

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

James Benny

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

July 20, 1876

7. AGE

YEARS

MONTHS

DAYS

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

63

7

9

11

OCCUPATION

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

Housewife

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)

Callaway Co. Missouri

MOTHER FATHER

13. NAME

James Henry Bentley

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

Callaway Co. Missouri

15. MAIDEN NAME

Louis Davis

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

Montgomery Co. Missouri

17. INFORMANT (ADDRESS)

L. J. Bentley, 1215 N. 1st St., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

By mother

PLACE

Montgomery City, Mo.

DATE

5-6-40

19. UNDERTAKER (ADDRESS)

Ja. Marlow, 1215 N. 1st St., St. Louis, Mo.

20. FILED May 6, 1940

Blanch H. Neely

Registrar

MEDICAL CERTIFICATE OF DEATH

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

5-6-1940

22. I HEREBY CERTIFY, That I attended deceased from

2-17-1940 to 5-6-1940

I last saw him alive on 5-6-40, 19____. Death is said

to have occurred on the date stated above, at 10 P. m.

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

Cardio Nephritis

Date of onset

Other contributory causes of importance:

Diabetes
Atherosclerosis
Hypertension

Name of operation

Date of

What test confirmed diagnosis

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?

If so, specify

(Signed)

(Address)

Frank Kelley
Mexico, Mo.

M. D.

