

Commonwealth of Kentucky
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Mitchell
 Vol. Pat. # 4 Registration District No. 170
 Inc. Town Cantank City Primary Registration District No. 2435
 City (No. St. Ward)

File No. 2007
 Registered No. 3
 (If death occurred in a hospital, institution, give its NAME [instead of street and number.]

2 FULL NAME William F. Bentley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
 M. **4 COLOR OR RACE**
 White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED**
 Married (Write the word)

6 DATE OF BIRTH
 Oct. 10 1868
 (Month) (Day) (Year)

7 AGE
 52 yrs. 5 mos. 15 ds. **IF LESS than 1 day ... hrs. or ... min.?**

8 OCCUPATION
 (a) Trade, profession, or particular kind of work. Miner
 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE
 (State or country)
Georgia

10 NAME OF FATHER
Tuker M. Bentley

11 BIRTHPLACE OF FATHER
 (State or country)
Georgia

12 MAIDEN NAME OF MOTHER
Louisa Baley

13 BIRTHPLACE OF MOTHER
 (State or country)
Georgia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) W. H. Welch
 (Address) Cantank City, Ky.

15
 Filed 1/26/1911 A. L. Blandford
 REGISTRY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Jan. 23rd 1911
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1910 to Jan. 22, 1911, that I last saw him alive on Jan. 22, 1911, and that death occurred on the date stated above at 7:30 P.M. The CAUSE OF DEATH: was as follows:
Ins. mor. on Brain and Entero Colitis

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Harry L. Jones, M. D.
Jan. 23, 1911 (Address) Cantank City, Ky.

18 State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL
Stockton Alabama

DATE OF BURIAL
Jan. 25, 1911

20a UNDERTAKER
Marion Moore

ADDRESS
Cantank City, Ky.

REMARKS RESERVED FOR MEDICAL OFFICERS

WRITE PLAINLY WITH SPARING INK—THIS IS A PERMANENT RECORD

B. B.—Every item of information should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

c.c. # 789
 10-15-21.