FEB 21 1928

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

Do not use this space.

1773

1. PLACE OF DEATH
County: Livingston — Registration District No. 508
Township: — Primary Registration District No. 3026
City: Chillicothe (No. ..... St. ..... Ward)

File No. .....
Registered No. 6

2. FULL NAME: Mrs Mary A. Bennett

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

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: James Bennett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 2 - 65

7. AGE: Years 62 | Months 6 | Days 25 ~~24~~ | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Geo W Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Coldwell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Kentucky

14. INFORMANT: James Bennett
(Address): Chillicothe Mo

15. FILED 1-28, 1928 Reuben Bonney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1928, to Jan. 27, 1928, that I last saw her alive on Jan. 27, 1928, and that death occurred, on the date stated above, at 7.45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral arterio sclerosis.
I do not know. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) H M Grace, M. D
1-28, 1928 (Address) Chillicothe Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Edgewood Cem — DATE OF BURIAL: Jan 29 1928

20. UNDERTAKER: Jas D Gordon — ADDRESS: Chillicothe Mo

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.