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

Do not use this space.

12083

1. PLACE OF DEATH
County Wayne — Registration District No. 870
Township — Primary Registration District No. 4539
City Greenville (No. ; St. ; Ward) — File No. ; Registered No.

2. FULL NAME Died un-named

(a) Residence. No. ; St., ; Ward. (If nonresident give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F.	W	S

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 5 min.

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

9. BIRTHPLACE (CITY OR TOWN) Wayne Co
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Frank C Bennett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wayne Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Bertha Ward
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wayne Co
(STATE OR COUNTRY) Mo

14. INFORMANT F C Bennett
(Address) Greenville, Mo.

15. FILED Mar 14 1928 Geo T Leeper
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 1 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 3 - 1 - 1928 to 3 - 1 - 1928 that I last saw h.LIVE alive on 3 - 1 - 1928 and that death occurred, on the date stated above, at 1.35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
1 lb 6 Months
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Jno F Wagner, M. D
3-2-1928 (Address) Greenville, 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	DATE OF BURIAL
Bennett Farm	3-2-1928
20. UNDERTAKER	ADDRESS

JUN 3

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.