

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

Do not use this space.

12084

**1. PLACE OF DEATH**

County Wayne  
Township Greenwell  
City Greenwell (No. \_\_\_\_\_)

Registration District No. 890  
Primary Registration District No. 1637

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Child Un-named

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 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 \_\_\_\_\_ min. 10 min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

PARENTS

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

14. INFORMANT F C Bennett  
(Address) Greenwell Mo

15. FILED Apr 14 1928 Geo J. 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, and that I last saw him alive on 3-1-1928, and that death occurred, on the date stated above, at 1:20 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature Birth.  
6 months gestation

CONTRIBUTORY (SECONDARY)

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) Geo F Wagner, M. D.

3-2-1928 (Address) Greenwell 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

