

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

Do not use this space.

13555

1929

## 1. PLACE OF DEATH

County SullivanRegistration District No. 849Township EastPrimary Registration District No. 4515-City Green City, Mo.

File No. \_\_\_\_\_

Registered No. 5-

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Maggie Lavina 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)

widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFCharles Bennett

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

3/14/1861

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.6811

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of workHousewife(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)

Indiana

## 10. NAME OF FATHER

John Roseberry

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

## 12. MAIDEN NAME OF MOTHER

Rebecca Calhoun

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

## 14.

INFORMANT  
(Address)Fred Bennett  
Natota

## 15.

FILED

April 19, 1929 Miss Kate Lorie

REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

Mar. 25 1929

## 17.

I HEREBY CERTIFY, That I attended deceased from  
Mar. 23, 1929, to Mar. 25, 1929  
that I last saw her alive on Mar 25, 1929, and that  
death occurred, on the date stated above, at 8 A. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Flu & Neuralgia of  
Stomach.(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 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?

(Signed) P. M. Riggione, M. D.\*State the DISEASE CAUSING DEATH, or in deaths from VICIDENT 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

Green City Cem.3/28 1929

## 20. UNDERTAKER

## ADDRESS

Henry E. KentGreen City  
Mo.

