

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

Do not use this space.

29908

1. PLACE OF DEATH

County Wayne
Township Lost Creek
City (No.)

Registration District No. 893
Primary Registration District No. 6189

File No.
Registered No. 12
St. Ward

2. FULL NAME

Velma 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 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) Jan 15, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 7 5

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)

(STATE OR COUNTRY) Dunklin Co Mo

10. NAME OF FATHER Virgil Bennett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo

12. MAIDEN NAME OF MOTHER Anne Moring

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co Mo

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 19 29

17. I HEREBY CERTIFY That I attended deceased from Aug 12, 19 29, to Aug 20, 19 29, that I last saw him alive on Aug 14, 19 29, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intero-Colitis
114B (duration) yrs. mos. da. 10 da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

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) Juo F Wagner, M. D.

Aug 20, 1929 (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
Shiloh Cem. near Shook, Mo Aug 21 1929

20. UNDERTAKER ADDRESS

14. INFORMANT Isiebert Weiss
(Address) St Louis, Mo.

15. FILED Aug 21, 1929 Mrs. Hattie McShane
REGISTRAR

CAUSE OF DEATH IN plain terms, so that it may be properly classified. - Exact statement of OCCUPATION is very important.

