

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.

SEP 24 1930

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

Do not use this space.

26551

1. PLACE OF DEATH

County Jesse
Township 11 11
City (No.) St. Ward)

Registration District No. 118-9
Primary Registration District No. 5549

File No.
Registered No. 15

2. FULL NAME

Eliza Laura Bennett

(a) Residence. No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4/14 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 Elijah W Bennett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 1 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(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) Tenn

10. NAME OF FATHER Wm Awidwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) A Carolina

12. MAIDEN NAME OF MOTHER Betty Heath

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) A Carolina

14. INFORMANT E. W Bennett (Address) Pilot Knob, Mo.

15. FILED 9-5 1930 Ursula C Byrnes REGISTRAR

20 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 30 1930, to Aug 1 1930, that I last saw her alive on Aug 1 1930, and that death occurred, on the date stated above, at 10-0'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hydro Pericardium

CONTRIBUTOR (SECONDARY) General Dropsy (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) Edward P. Bamhams, M. D.
, 19 (Address) Fronton, 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 Pilot Knob, Mo. DATE OF BURIAL Aug 15, 1930

20. UNDERTAKER Hanan White & Son ADDRESS Fronton, Mo.

