

DEC 23 1930

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

Do not use this space.

28937 ^a

1. PLACE OF DEATH

County Wash
Township Wash
City Washburn (No. 1)

Registration District No. 875
Primary Registration District No. 616.2

File No. 28937
Registered No. 3007
St. Washburn Ward 1

2. FULL NAME

Bennie Schell

(a) Residence No. St. B Hospital #3 Ward 3
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 0-11-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 11 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) -
(c) Name of employer -

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

PARENTS
10. NAME OF FATHER Leonard South
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Minor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York
(STATE OR COUNTRY)

14. INFORMANT St. B Hospital #3
(Address) Nevada Mo.

15. FILED 12-10-30 E. P. King
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 6 1930

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1930, to August 6, 1930, and that I last saw her live on August 6, 1930, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute nephritis

130
84 (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Manic Depressive Psychosis
Depressed type. (duration) yrs. 2 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

NO AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) A. Seychiff, M. D.

August 6, 1930 (Address) St. B Hospital #3

*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 Barfield Ave DATE OF BURIAL 8-8 1930

20. UNDERTAKER Alvin V. Hays ADDRESS Nevada Mo.

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.

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WHILE LEAVING WITH EMPLOYER THIS IS A PERMANENT RECORD

