OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 29195
Township — Primary Registration District No. 1001 — Registered No. 1047
City St. Joseph, (No. St. Joseph's Hospital, St. Ward)

2. FULL NAME Dora Grace Bennett,
(a) Residence. No. St., Ward. Ridgeway, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 14 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): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Orin P. Bennett,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 28, 1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
41	7	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Harrison County,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER J. S. Rankin,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Virginia,
12. MAIDEN NAME OF MOTHER Sarah Armstrong,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Galesburg,
(STATE OR COUNTRY) Illinois,

14. INFORMANT Orin P. Bennett
(Address) Ridgeway, Missouri,

15. FILED SEP 22 1930 19 John G. Wt. REGISTRAR

2 , MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1930 to Sept 21, 1930 that I last saw her alive on Sept 21, 1930, and that death occurred, on the date stated above, at 6:35 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chr
93c several
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Ridgeway Mo
DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 10 - 30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [signature], M. D.
Sept 21, 1930 (Address) St. Joseph 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: Ridgeway, Mo. via auto — DATE OF BURIAL: Sept. 23 1930

20. UNDERTAKER: Heaton-BeGole & Bowman — ADDRESS: 319 S. 10 St.
Funeral Home

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.