

APR 21 1931

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

9358

1. PLACE OF DEATH  
County DeWitt Registration District No. 266  
Township Salem Primary Registration District No. 4164  
City Salem, Mo. (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Mildred 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED—  
MISSING OF  
(OR) WIFE OF Mr. R. Bennett, 1819

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
52 0 29

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife 235  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Salem, Mo. (STATE OR COUNTRY) 1

PARENTS

10. NAME OF FATHER M. O. Elayer  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York (STATE OR COUNTRY) 2  
12. MAIDEN NAME OF MOTHER Mr. C. Middaugh  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio (STATE OR COUNTRY)

14. INFORMANT Robert Bennett  
(Address) Salem, Mo.

15. FILED 3/17 31 W. B. Mudd REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1930 to Mar 3 1931  
that I last saw h. alive on March 3 1931 and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of liver  
405 (duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) none (duration) 0 yrs. 0 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 405  
IF NOT AT PLACE OF DEATH 1

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS exam. of organs and  
(Signed) Edw. H. Blunt M. D.  
8/5 - 19 31 (Address) Salem 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 Cedar Grove Cem. DATE OF BURIAL Mar 5 1931

20. UNDERTAKER H. D. Hobson ADDRESS Salem, Mo.

