

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

Do not use this space.

23965

**1. PLACE OF DEATH**

County Stoddard  
Township 2nd  
City (No. ....) .....

Registration District No. 839  
Primary Registration District No. 6100

File No. ....  
Registered No. 27  
St. .... Ward)

**2. FULL NAME** Matilda 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 Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G.R. Bennett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
48 5 1

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) - 300 B  
(c) Name of employer

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

10. NAME OF FATHER Skidney Brown

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

12. MAIDEN NAME OF MOTHER Cantley

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

14. INFORMANT G.R. Bennett  
(Address) House

15. FILED 6-24-31 G.P. Brandon  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-23-1931

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

700 B  
(duration) .... yrs. .... mos. .... ds.

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

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed)....., M. D.

, 19 (Address)

\*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

Shady Grove An. 6/24 1931

20. UNDERTAKER ADDRESS

None ✓

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.

JUL 28 1931

