

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Stoddard
City Berrie Mo (No. _____)

Registration District No. 836
Primary Registration District No. 4507

File No. 302859
Registered No. 29
St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

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 J. S. Francis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-9-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 5 21

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)

(STATE OR COUNTRY) Wayne Co Mo

PARENTS

10. NAME OF FATHER Jas. Bennett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo

12. MAIDEN NAME OF MOTHER Sarah J. White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo

14. INFORMANT J. S. Francis
(Address) Berrie Mo.

15. FILED 8/31, 1931 Flourance Allen
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-30 1931

17. I HEREBY CERTIFY, That I attended deceased from 8-30 1931 to 8-30 1931 that I last saw h. alive on 8-30 1931, and that death occurred, on the date stated above, at 11:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phrology
82H
38 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Malaria

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Symptomatic
(Signed) J. W. Middle M. D.
. 19 (Address) Berrie 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 Berrie Cem DATE OF BURIAL 9-1 1931

20. UNDERTAKER B. M. Hopkins ADDRESS Berrie Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 28 1931

