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

Do not use this space.

File No. 40720-a

Registered No.

1. PLACE OF DEATH
County Harrison Registration District No.
Township Primary Registration District No.
City Bethany (No. St. Ward)

2. FULL NAME Almina Edith 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Samuel Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-22-1889

7. AGE YEARS 42 MONTHS 11 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Y
10. Date deceased last worked at this occupation (month and year) /
11. Total time (years) spent in this occupation /

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) nebraska

FATHER
13. NAME James McLey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

MOTHER
15. MAIDEN NAME Anna Coots
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Samuel Bennett

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coffey Mo. DATE 1-3-1931

19. UNDERTAKER (ADDRESS) S. M. Haas Bethany Mo

20. FILED 1-3-1931
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31-1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1931, to Dec 31, 1931
I last saw her alive on Dec 31, 1931. Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:
Sacremia infective about Dec 1931
Abortion. Retention of infective clots & part of placenta. 1440 B
Other contributory causes of importance: Severe uterine hemorrhage 1440 B

Name of operation Light curettment packing Date of 11-29-31
What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D G Reid DO M. D.
(Address) Bethany, Mo

CAUSE OF DEATH in plain terms, so that it m... ...GE should be stated EXACTLY. PHYSICIANS sho... ...ssified. Exact statement of OCCUPATION is very im...

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Harrison — Registration District No. 334 — File No.

Township — Primary Registration District No. 4197 — Registered No.

City Bethany (No. ..... St. ..... Ward)

2. FULL NAME Almina Edith Bennett

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) m

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

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

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE Jan 3 1932

19. UNDERTAKER (ADDRESS)

20. FILED 1/10 1932 — M J Harned, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

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

(Address) .....

SUPPLEMENTARY

...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.

REGISTRARS SHALL NOT RECEIVE A FEE ... DATES UNTIL THEY ARE COMPLETE AS PRESCRIBED

S-40720-4