

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

Do not use this space.

40745

25

**1. PLACE OF DEATH**

County Hickory co.  
Township Whyaublaan  
City Whyaublaan (No. ....)

Registration District No. 359  
Primary Registration District No. 42+2

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

**2. FULL NAME**

(a) Residence, No. Mrs. Bennett  
Whyaublaan 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 <u>Female</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marian Bennett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-3-1868</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>5</u>
	DAYS <u>19</u>	IF LESS THAN 1 day, <del>hrs.</del> or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Hickory co. Mo.</u>		
FATHER	13. NAME <u>Wm. England</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hickory co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Margrith Metels</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hickory co. Mo.</u>	
17. INFORMANT <u>Marian Bennett</u> (ADDRESS) <u>Whyaublaan</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Robertson</u> DATE <u>Dec. 24, 1931</u>		
19. UNDERTAKER <u>J. J. Trickey</u> (ADDRESS) <u>Whyaublaan</u>		
20. FILED <u>Dec 27, 1931</u>	Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from mid Dec. 22, 1931, to 6 P.M. Dec. 22, 1931

I last saw him alive on Dec 22, 1931 Death is said to have occurred on the date stated above, at 6 P.M.

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

Block failure due to Stenosis from Double Pneumonia

Other contributory causes of importance:

108 64 108

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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. J. ... Registrar.  
(Address) Whyaublaan

WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

