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

Do not use this space.

4658

1. PLACE OF DEATH

County: Jackson — Registration District No. 395

Township: Kaw — Primary Registration District No. 1002

City: Kansas City (No. St. Joseph's Hospital St. Ward)

File No. 513

Registered No.

2. FULL NAME Mrs. Nettie Bennett

(a) Residence. No. 7011 So. Benton St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12 -1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	60	0	26	

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) (STATE OR COUNTRY) Iowa 2

PARENTS

10. NAME OF FATHER John Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) No record (STATE OR COUNTRY) U.S.A.

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No record (STATE OR COUNTRY) No record 31

14. INFORMANT Mrs. E. A. Prince, (Address) 7011 So. Benton, K.C.Mo.

15. FILED 7/9 1932 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7th- 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1932, to Feb 7, 1932 that I last saw her alive on Feb 7, 1932 and that death occurred, on the date stated above, at 4 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis - Chronic
Congestive Heart failure
92A
92C (duration) Several years yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mitral regurgitation (duration) Several years yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual

(Signed) Geo E Kreappenberger, M. D.

2/8, 1932 (Address) 934 Argyle Bldg. Kansas City, 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	DATE OF BURIAL
Mt. Washington	Feb. 10, 1932.
20. UNDERTAKER	**ADDRESS**
Gates Funeral Home	K.C. Kans.

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD