

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

Do not use this space.

11587

1. PLACE OF DEATH

10 County Boone
Township Bedon
City (No.)

Registration District No. 71
Primary Registration District No. 4040
3510a

File No.
Registered No. 80
St. Ward

2. FULL NAME

Naseltine Bennett

(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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 - 1850

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
84 9 13

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) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Hiram Wright

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

12. MAIDEN NAME OF MOTHER Sarah Vaughan

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

14. INFORMANT Willie Bennett
(Address) New Bloomfield Mo

15. FILED 4/24 1932 C. L. Nichols REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Apr 23, 1932 that I last saw him alive on Apr 23, 1932 and that death occurred, on the date stated above, at 2-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Insufficiency
98A (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 92A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. (1)

19. DID AN OPERATION PRECEDE DEATH. DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) A. B. Fryer, M. D.

Apr 25, 1932 (Address) Ashland 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 Dyersfork DATE OF BURIAL 4/25 1932

20. UNDERTAKER Ashland Undert Co ADDRESS Ashland

WRITE PLAINLY, 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.

MAY 23 1932

