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

Do not use this space.
24439

File No. 6564
Registered No.

1. PLACE OF DEATH
County
Township
City St Louis (No. 5030 Delmar St. Ward)
Registration District No. 791
Primary Registration District No. 1009

2. FULL NAME Florence Bennett
(a) Residence, No. 330 W Lockwood St. 17 Ward. Webster Groves
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

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 George Bennett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5-1876
7. AGE: Years 56 Months 11 Days 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 235
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) Versailles Illinois

FATHER
13. NAME James Sargent
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Illinois

MOTHER
15. MAIDEN NAME Anna Maria Bassett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coshocton Illinois

17. INFORMANT Mrs A. J. Foster
(ADDRESS) 330 W Lockwood Bld

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope Belleville DATE July 18 1932

19. UNDERTAKER Parker Undertaking Co
(ADDRESS) Webster Groves Mo

20. FILED July 18 1932 Mar C. Wilke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1930 to July 15 1932
I last saw h. alive on July 15 1932. 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:

	Date of onset
Carcinoma of Uterus	
48	48

Other contributory causes of importance: ①

Name of operation None Date of —
What test confirmed diagnosis? Physical Exam 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) W. Alexander Smith M.D.
(Address) Webster Groves, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD