

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
 Township St. Joseph
 City St. Joseph (No. State Hospital #2)

Registration District No. 85
 Primary Registration District No. 1001

File No. 31513
 Registered No. 1014 Ward

2. FULL NAME

(a) Residence, No. St., Ward. Stamilton, Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 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 L. M. Baird
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1879
 7. AGE YEARS 53 MONTHS 3 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Salwell County, Mo.

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

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

17. INFORMANT (ADDRESS) Records State Hospital #2, St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo Oct 20 1932

19. UNDERTAKER (ADDRESS) Stamilton, Mo

20. FILED 10-20-32 John R. Bender Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Sept 8 to Oct 20, 1932
 I last saw him alive on Sept 20, 1932 Death is said to have occurred on the date stated above, at 3:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia 10/18/32
with Cerebral Intersepsion 10/18/31
 with Paralysis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

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? Yes
 If so, specify
 (Signed) W. Clayton Smith, M. D.
 (Address) State Hospital #2, St. Joseph, 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.

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PERMANENT RECORD

