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.

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

Do not use this space.

37332

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9965

City St. Louis, Missouri (No. 500 So. Kingshighway St. Louis Children's Hosp. St. ..... Ward)

2. FULL NAME Betty Bennett

(a) Residence, No. Hagerstown, Ill. St., 12 Ward. Hagerstown Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred None yrs. mos. 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): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-28-27

7. AGE: 5 YEARS 5 MONTHS 4 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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): Ashley, Illinois 2

FATHER

13. NAME: James Bennett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lovington, Illinois

MOTHER

15. MAIDEN NAME: Josephine Forbes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Effingham Co. Ill.

17. INFORMANT (ADDRESS): Ruby F. Anthony 500 So. Kingshighway, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Hagerstown, Ill DATE: 11-13, 1932

19. UNDERTAKER (ADDRESS): Beulah Bennett Hagerstown Ill

20. FILED: NOV 11 1932, 19 Max C. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932, to November 11, 1932

I last saw her alive on 11-11-, 1932 Death is said to have occurred on the date stated above, at 4 03 a.m.

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

	Date of onset
Leukemia, Chronic Lymphatic	May 1, '32
72 ft	
167 ft	
Other contributory causes of importance: Bronchopneumonia Secondary	11-7-32

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? .....

If so, specify .....

(Signed) A. C. Taylor, M. D.

(Address) 500 So. Kingshighway