

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.

1. PLACE OF DEATH

County Polk
Township Flemington
City _____ (No. _____)

Registration District No. 209
Primary Registration District No. 629

File No. 41145
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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.

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 James Bone
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17-1850
7. AGE YEARS 82 MONTHS 2 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Poltown Polk Co.

13. NAME Alec Virginia Bennett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poltown Polk Co.

15. MAIDEN NAME Alec Virginia Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poltown Missouri

17. INFORMANT (ADDRESS) Burriel

18. BURIAL, CREMATION, OR REMOVAL PLACE Flemington DATE Dec 31 1932

19. UNDERTAKER (ADDRESS) J. A. Joseph
Highwayville Mo

20. FILED Dec. 31 1933 Veda McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1932, to Dec 30 1932
I last saw her alive on Dec 29 1932 Death is said to have occurred on the date stated above, at 4.9 m.

The principal cause of death and related causes of importance were as follows:
Tuber Pneumonia
Date of onset 1 week 3 days
Other contributory causes of importance: ①

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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) R. C. Merrens M. D.
(Address) Summersville Mo.

