

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

Do not use this space.

41269

1. PLACE OF DEATH

County Repley
Township 21st
City Mayfield (No.)

Registration District No. 701
Primary Registration District No. 5990

File No. 436
Registered No. 29
St. Ward

2. FULL NAME

Alice Varena Bennie

(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Dr. W. D. Bennie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) NOV. 18 81

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
57 1 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tebbets
(STATE OR COUNTRY) Calaway Co. Mo.

10. NAME OF FATHER Thomas Hornbuckle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tebbets
(STATE OR COUNTRY) Calaway Co. Mo.

12. MAIDEN NAME OF MOTHER Sarah E. Camper

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

14. INFORMANT Nellie Bennie
(Address) Mayfield

15. FILED 12/26 1932 Steenbuck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1932, to Dec. 19, 1932, that I last saw her alive on Dec. 18, 1932, and that death occurred, on the date stated above, at 2:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

a cerebral hemorrhage due to
hypertension
(duration) 30 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension
(duration) (?) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH, ...

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) Steenbuck, M. D.

12/19 1932 (Address) Mayfield 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 DATE OF BURIAL

Maylor Mo. Naylor cem Dec. 21 1932

20. UNDERTAKER ADDRESS

Minnie Gish Maylor 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.

