

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

Do not use this space.

1551

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 389
Primary Registration District No. 1003
(No. 3003 Woodland)

File No. _____
Registered No. 281
St. _____ Ward _____

2. FULL NAME

Dolores Gann Bennett

(a) Residence, No. 3003 Woodland 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 7, 1932</u>		
7. AGE	YEARS	MONTHS
		<u>3</u>
		<u>10</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Jan 17, 1933

I last saw her alive on Jan 17, 1933. Death is said to have occurred on the date stated above, at 5:00 PM

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

Bronchio-Pneumonia Date of onset 1-16-33

107A

67

Other contributory causes of importance: enlarged thymus birth

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo</u>
	13. NAME <u>Jack Calahan</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>
	15. MAIDEN NAME <u>Margie Bennett</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bloomer Mo.</u>
	17. INFORMANT <u>Margie Bennett</u> (ADDRESS) <u>3003 Woodland</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill Cem.</u> DATE <u>Jan 18, 1933</u>
	19. UNDERTAKER <u>Wagner Funeral Home</u> (ADDRESS) <u>204 N. Lin. 1000</u>
	20. FILED <u>Jan 18, 1933</u> <u>M. M. Lesone</u> Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy 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? _____
If so, specify _____
(Signed) Charles J. Eldredge, M. D.
(Address) 6247 Brookside Blvd.

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.

