

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 7011
 Township..... Primary Registration District No. 7011
 City..... (No. De Paul Hospital)..... St. Ward)

File No. 3451
 Registered No. 350

2. FULL NAME Sallie Bennett
 (a) Residence, No. 3314 Abner Pl. St. 6 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Bennett.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-27-1894</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>6</u>
	DAYS <u>12</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>Dressmaker</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.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Antioch Tenn</u>		
FATHER	13. NAME <u>William T. Briggs</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Rimbrow</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>Mrs. Rose Laub</u> (ADDRESS) <u>3314 Abner Pl.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Antioch, Tenn</u> DATE <u>1-10</u> 19 <u>33</u>		
19. UNDERTAKER <u>H. R. Stocklund Co.</u> (ADDRESS) <u>2117 Grand Ave.</u>		
20. FILED <u>JAN 10 1933</u> <u>May C. Harkewitz</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9 1933

22. I HEREBY CERTIFY That I attended deceased from January 3 1933, to Jan. 9 1933
 I last saw her alive on Jan 9 1933. Death is said to have occurred on the date stated above, at 11:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
108
108
 Other contributory causes of importance:
 Date of onset Jan 3-33

23. Name of operation..... Date of.....
 What test confirmed diagnosis? Sputum 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? No
 If so, specify.....
 (Signed) John P. Hellawell, M. D.
 (Address) 5288 1/2 Union

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.

5000 Gladstone