

MAR 27 1933

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 Shelby
Township Jackson
City _____ (No. _____)

Registration District No. 828
Primary Registration District No. 1501

File No. _____
Registered No. 8191
St. _____ Ward _____

2. FULL NAME

Garrie M. Bennett
(a) Residence. No. 1 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 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 W. J. Bennett
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 3

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)Ala.**10. NAME OF FATHER** James Black**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Don't know**12. MAIDEN NAME OF MOTHER** Nancy E. Edge**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Ala.

14. INFORMANT W. J. Bennett
(Address) Hunnewell Mo.

15. FILED 2/1 1933 Dr. C. T. White
REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb 28 1933

17. I HEREBY CERTIFY, That I attended deceased from 2-11
1933 to 2-28 1933
that I last saw h. alive on Feb 28 1933, and that death occurred, on the date stated above, at 9:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
Terminal pneumonia
(duration) yrs. 17 mos. 17 ds.
CONTRIBUTORY (SECONDARY) HA
(duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTEDIF NOT AT PLACE OF DEATH. _____**DID AN OPERATION PRECEDE DEATH?** No DATE OF _____**WAS THERE AN AUTOPSY?** No

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) R. H. Parker, M. D.

, 19 _____ (Address) Hunnewell. 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 2001 Can. Hwy **DATE OF BURIAL** 2/2 1933

20. UNDERTAKER George J. Lucian **ADDRESS** Hunnewell

