

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.

MAY 24 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

12175

2

## 1. PLACE OF DEATH

County WaguerTownship BellevueCity Patterson (No. \_\_\_\_\_)Registration District No. 65Primary Registration District No. 6192

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

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

Larkin Bennett

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 14, 1849

## 7. AGE

83

## MONTHS

11

## DAYS

15If LESS than  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House wife

## 10. Date deceased last worked at this occupation (month and year)

House wife

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN)

Waguer CountyMissouri

## 13. NAME

Unknown

## 14. BIRTHPLACE (CITY OR TOWN)

Unknown(STATE OR COUNTRY)

## 15. MAIDEN NAME

Unknown

## 16. BIRTHPLACE (CITY OR TOWN)

Unknown(STATE OR COUNTRY)

## 17. INFORMANT

Mrs. Han Bennett(ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

Loc. ThosonDATE March 30, 1933

## 19. UNDERTAKER

Thoson(ADDRESS)April 5, 1933 Mrs. T. M. PolkRegistrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1933

## 22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1933, to March 28, 1933I last saw him alive on 3-28-1933 Death is saidto have occurred on the date stated above, at 11:45 pm

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

Cerebral Hemorrhage8211

