

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.

Martin

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

Do not use this space.

22211

1. PLACE OF DEATH
 1 County Adair Registration District No. 4
 2 Township _____ Primary Registration District No. 2001
 7 City Kirkville (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Edith D. Bennett
 (a) Residence, No. 1501 S. Boundry St. _____ Ward _____
 (Usual place of abode) (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Silas Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1866

7. AGE YEARS 66 MONTHS 9 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife

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) 1932 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair County Missouri

MOTHER FATHER
 13. NAME Peter Potter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER
 15. MAIDEN NAME Julia Hill
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Louis Bennett (ADDRESS) 1501 S. Boundry

18. BURIAL, CREMATION, OR REMOVAL PLACE Novinger Mo DATE 7/25/33

19. UNDERTAKER Davis & Wilson (ADDRESS) Kirkville, Mo.

20. FILED July 27 1933 Ms. O. F. Becker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1933

22. I HEREBY CERTIFY that I attended deceased from June 26, 1933, to July 22, 1933
 I last saw him alive on July 22, 1933. Death is said to have occurred on the date stated above, 6:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Calitis
920
1705
 Other contributory causes of importance—
Myocarditis
 Date of onset 1929
1932

23. Name of operation None Date of _____
 What test confirmed diagnosis? Physician Was there an autopsy? No

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) J. W. Martin M. D.
 (Address) Kirkville, Mo.

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