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

Do not use this space.

35281

1. PLACE OF DEATH

97 County Saline — Registration District No. 746 — File No.

5 Township — Primary Registration District No. 3038 — Registered No. 150

City Marshall (No. 232, E. Eastwood St. Ward)

7

2. FULL NAME Dorothy Mae Bennett

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

NOV 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1923

7. AGE YEARS 10 MONTHS 6 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Marshall Mo

FATHER

13. NAME Fred J. Bennett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph, N. Y.

MOTHER

15. MAIDEN NAME Frances Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Mo

17. INFORMANT (ADDRESS) Fred J. Bennett Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Parklem DATE Oct. 24, 1933

19. UNDERTAKER (ADDRESS) Vandiver Mortuary Marshall, Mo.

20. FILED 10/24/, 1933 Wolmer Sage Deputy Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1933, to Oct 22, 1933

I last saw her alive on Oct 22, 1933 Death is said to have occurred on the date stated above, at 11 A m.

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

Myocardial Failure

10

93 II

10

Date of onset

Other contributory causes of importance:

Diphtheria

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) C. F. Harrew D.O., M. D.

(Address) Marshall, Mo.

MARGIN RESERVED FOR BINDING

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.

U. S. NO. 2