

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.

JAN 26 1934

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

Living
Do not use this space.
40965

1. PLACE OF DEATH
 80 County Pettis Registration District No. 668
 4 Township Deola Primary Registration District No. 3032
 7 City Deola (No. 1324, So Grand) St. _____ Ward _____

2. FULL NAME Ella Amanda Bennett
 (a) Residence, No. 1324 S Grand 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>8</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 131

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 95

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Mo

13. NAME Wm Tignor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Mo

15. MAIDEN NAME Annala Poyburn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Thos W Bennett (ADDRESS) Deola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago Ill DATE 12/7 33

19. UNDERTAKER Lifeless Home (ADDRESS) Deola Mo

20. FILED 12-7 1933 Jeun Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1933

22. HEREBY CERTIFY, That I attended deceased from Nov 29 1933 to Dec 6 1933
 I last saw her alive on Dec 6 1933 Death is said to have occurred on the date stated above, at 9 A m.
 The principal cause of death and related causes of importance were as follows:
Chronic Deafness
Head
 Other contributory causes of importance: 131
Pepper Tignor & Chas. E. McKinnis
 Name of operation _____ Date of _____
 What test confirmed diagnosis Chloroform 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) Wm Tignor, M. D.
 (Address) Deola Mo

Date of onset
12/6/33
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