

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

Do not use this space.

MAR 24 1934

8371

1. PLACE OF DEATH

County Madison

Registration District No. 287

Township Center

Primary Registration District No. 4144

City Greenfield

(No. _____ St. _____ Ward _____)

2. FULL NAME

Addie Bennett

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dr. Bennett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 16, 1861</u>		
7. AGE <u>72</u>	YEARS <u>11</u>	MONTHS <u>18</u>
		DAYS <u>18</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 10, 1922</u>	
		11. Total time (years) spent in this occupation <u>50</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
FATHER	13. NAME <u>Larry Bennett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Zanesville, Missouri</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	17. INFORMANT <u>Lottie Bennett</u> (ADDRESS) <u>Greenfield, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenfield Cem.</u> DATE <u>Mar. 5, 1934</u>	
19. UNDERTAKER <u>Harrison Funeral Home</u> (ADDRESS) <u>Greenfield, Mo.</u>		
20. FILED <u>3-10</u> 19 <u>34</u> <u>Geo. L. Weir</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1934, to March 4, 1934
I last saw her alive on March 4, 1934 Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
G2A
Other contributory causes of importance:
None

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) J. F. Orsdel M. D.
(Address) Greenfield, Mo.

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.

