

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Fredericktown
City Fredericktown (No.)

Registration District No. 5-38
Primary Registration District No. 2028

File No. 17407
Registered No. 89
St. Ward)

2. FULL NAME Orlita 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 F 4. COLOR OR RACE W 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) Feb. 28-1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 2 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
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) Fredericktown (STATE OR COUNTRY) Mo.

13. NAME Andrew M. Bennett

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

15. MAIDEN NAME Ethel Corner

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

17. INFORMANT Lena Dees (ADDRESS) Flat River mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Country Fredericktown DATE 5/20 1934

19. UNDERTAKER Ed. H. West (ADDRESS) Fredericktown mo

20. FILED May 20 1934 S. C. Slaughter (Registrar)

Ray C. P. Schwaner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16 1934, to May 19 1934
I last saw her alive on May 17 1934 Death is said to have occurred on the date stated above, at 2:20 p.m.

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

Laryngeal diphtheria Date of onset
had measles with
occasional attack of
asthma.

Other contributory causes of importance:

10
7
10

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? no
If so, specify

(Signed) M. B. Bacher M. D.
(Address) Fredericktown 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.

JUN 23 1934

