

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

Do not use this space.

A. Bennett

1. PLACE OF DEATH

County Dunklin
Township Independence
City Bennett R.F.D. (No. 5)

Registration District No. 288
Primary Registration District No. 4172

File No. 23982
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Abbott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 26, 1906</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>2</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		
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. _____		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>
	13. NAME <u>Robert White</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
	15. MAIDEN NAME <u>Gosie Farmer</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
	17. INFORMANT <u>George Abbott</u> (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hazel</u> DATE <u>July 15, 1934</u>	
19. UNDERTAKER <u>County</u> (ADDRESS)	
20. FILED <u>July 21, 1934</u> <u>Walter Davis</u> Registrar.	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1934
22. I HEREBY CERTIFY, That I attended Deceased from 7-8-1934 to 7-15-1934
I last saw her alive on 7-8-1934 Death is said to have occurred on the date stated above, at 7 P. m.

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

Septisemia
115 M 145 A
Other contributory causes of importance:
Post. Partum infection
Malnutrition

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) J. H. Bennett M. D.
(Address) Bennett, 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

AUG 16 1934

