SEP 21 1934

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

Do not use this space.

File No. 29148

Registered No. 279

1. PLACE OF DEATH

County: Jackson — Registration District No. 398

Township: ~~Kansas~~ — Primary Registration District No. 3019

City: Independence (No. ..... St. ..... Ward) MO Sanitarium

2. FULL NAME Maude Bennett

(a) Residence, No. 16 Jim 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe

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: Willard Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 7 1880

7. AGE: YEARS 53 | MONTHS 9 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): MO

FATHER

13. NAME: William Pickman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

MOTHER

15. MAIDEN NAME: Ellen Keeling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

17. INFORMANT (ADDRESS): Willard Bennett 16 Jim St

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Woodlawn — DATE: Aug 21, 1934

19. UNDERTAKER (ADDRESS): Robert Beckham, Independence MO

20. FILED: Aug 21, 1934 — F. S. Cook, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 15, 1934

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

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

	Date of onset
Acute Lobar Pneumonia	Aug 16
H.S.	
Coma	

Other contributory causes of importance: Acute Otitis Media — ?

Name of operation: none — Date of:

What test confirmed diagnosis? Clinical — 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) J. S. Bennett, M. D.

(Address) 1533 Ash, Independence Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement of

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

100M-11-24-33

Dr Bennett
1533 Ash —