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.

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

JAN 12 1935

Do not use this space.

366

1. PLACE OF DEATH
County Caldwell, Registration District No. 98 File No.
Township New York, Primary Registration District No. 5145 Registered No. 17
City (No. , St. Ward)

2. FULL NAME Clara E. Bennett,
(a) Residence, No. Caldwell County, 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 Female,
4. COLOR OR RACE White,
5. [redacted], MARRIED, [redacted] (write the word) Married,
5A. IF MARRIED, [redacted] (OR) WIFE OF Johnathan Bennett,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about-1875
7. AGE YEARS about-60-years of MONTHS DAYS age. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work,
10. Date deceased last worked at this occupation (month and year) Jan. 5th., 1935
11. Total time (years) spent in this occupation 50-yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo., Missouri

FATHER
13. NAME M. V. Adams,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

17. INFORMANT (ADDRESS) Johnathan Bennett, Pettleton, Mo. R.F.D.
18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
PLACE Pea Ridge Arkansas-Jan. 7th., 1935
19. UNDERTAKER (ADDRESS) E. P. Mishael Braymer, Mo.
20. FILED Jan-6-1935 Mrs Ruth Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1935, to Jan. 5, 1935
I last saw her alive on Jan 3, 1935. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Jan 3-35
9:30 a	

Other contributory causes of importance:

Chr. Mitral Inof	Unknown

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 C. L. Woolsey ✓
(Signed) , M. D.
(Address) Braymer, Mo