

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

Do not use this space.

FEB 19 1935

1195

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1195
 Township Ross Primary Registration District No. 1092 Registered No. 51
 City K.C. (No. St. Joseph Hospital) St. St. Joseph Ward St. Joseph

2. FULL NAME

Barbara Ann Bennington
 (a) Residence, No. 539 Gladstone St. St. Joseph Ward St. Joseph
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 1 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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5, 1934
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 1 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

13. NAME Wm Bennington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Korriett Kathrens

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

17. INFORMANT Wm Bennington (ADDRESS) 539 Gladstone

18. BURIAL, CREMATION, OR REMOVAL PLACE Muscatel Hall DATE 1-7 1935

19. UNDERTAKER D.W. Neumann & Sons (ADDRESS) K.C.

20. FILED Jan 7 1935 M.M. Grove, Ass Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6, 1934

22. I HEREBY CERTIFY, That I attended deceased from DEC 8, 1934, to Jan 6, 1935

I last saw h. alive on Jan 5, 1935 Death is said to have occurred on the date stated above, at 2 pm.

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

Lobar Pneumonia Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Culture Was there an autopsy? Yes

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) D.A. Bennington, M. D.

(Address) 602 Arroyo Bldg

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

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.

