

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

Do not use this space.

FEB 15 1935

**1. PLACE OF DEATH**

County Jack Registration District No. 709 6291  
 Township Flemington Primary Registration District No. 3935  
 City Flemington No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2498  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lucinda Bennett  
 (a) Residence, No. \_\_\_\_\_  
 (Usual place of abode) Flemington St. Mo. Ward \_\_\_\_\_  
 (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 whk  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7, 1856  
 7. AGE YEARS 78 MONTHS 2 DAYS 3  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife  
 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) North Carolina

FATHER 13. NAME Edward Hull

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) J. M. Bennett  
Flemington

18. BURIAL, CREMATION, OR REMOVAL PLACE Day 23 Burial DATE Jan. 22 1935

19. UNDERTAKER (ADDRESS) J. R. Luckey  
Waco, Mo.

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1935  
 22. I HEREBY CERTIFY That I attended deceased from Jan 18 1935 to Jan 19 1935  
 I last saw her alive on Jan 19 1935. Death is said to have occurred on the date stated above, at 12:00 p.m. noon  
 The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
Angina Pectoris  
 Other contributory causes of importance: old

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

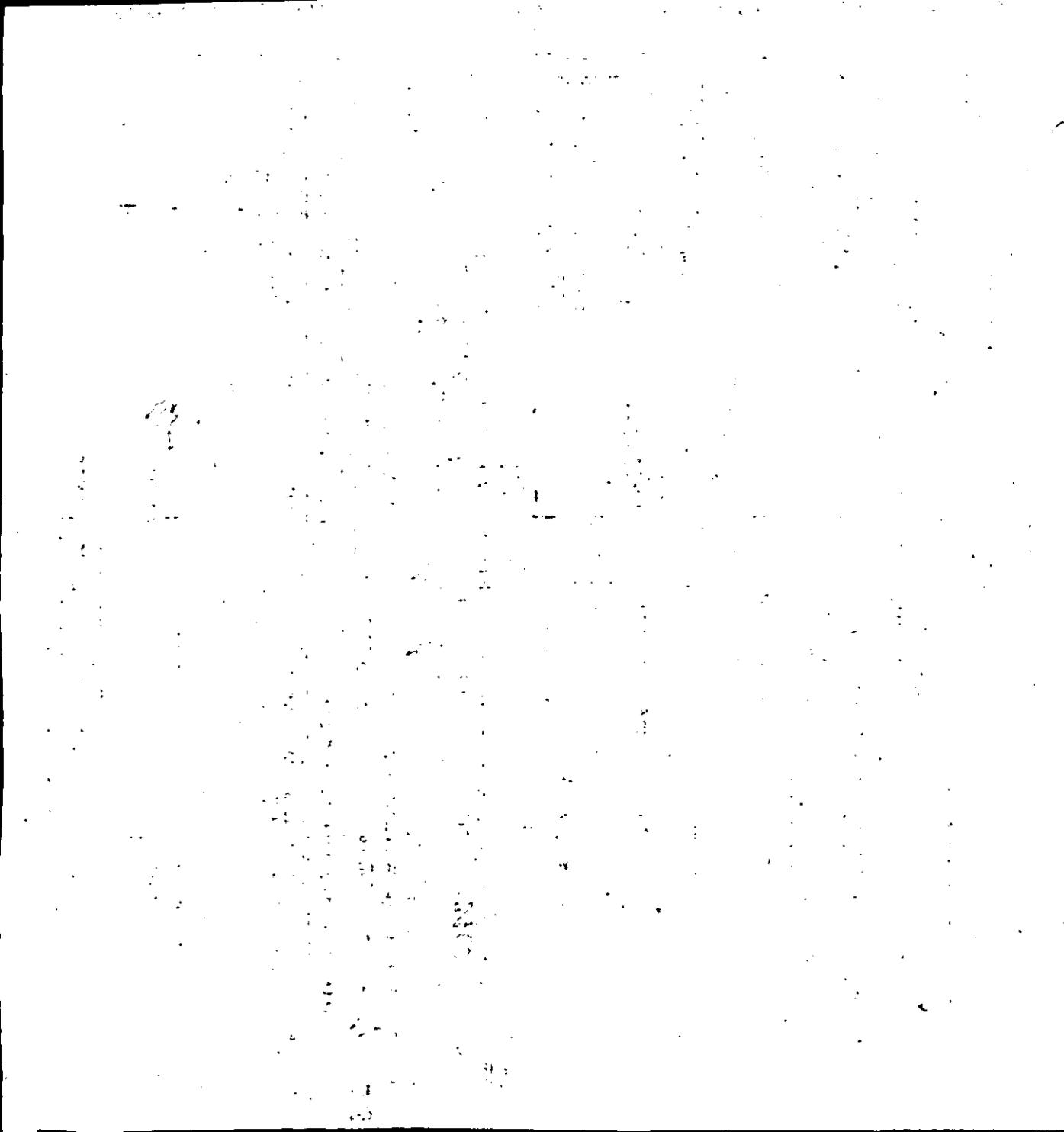
23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

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 \_\_\_\_\_  
 (Signed) J. R. Luckey, M. D.  
 (Address) Waco, Mo.

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**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Pack  
Township  
City

Registration District No. 709  
Primary Registration District No. 6291

File No.  
Registered No. St. Ward

**2. FULL NAME**

Lucinda 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX f 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. Bennett

22. I HEREBY CERTIFY That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 - 1856

to , 19

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 2 3

I last saw h. alive on , 19

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:

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

Angina Pectoris Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: 94

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER FATHER 13. NAME Edward Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT J. M. Bennett

18. BURIAL, CREMATION, OR REMOVAL PLACE Flamingo DATE Jan 22 1935

19. UNDERTAKER (ADDRESS) W. H. Dickey

20. FILED Jan. 22 1935 Weda McCreath Registrar.

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

(Signed) A. G. Gurley, M. D.

(Address) Flamingo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-2498