

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.

APR 22 1935

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

Do not use this space.

9846

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Swan Primary Registration District No. 3079
City Hannibal (No. 510 Swan) St. _____ Ward _____

File No. _____
Registered No. 96

2. FULL NAME

Mary S. Bennett
(a) Residence, No. 510 Swan 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 <u>Female</u>	4. COLOR OR RACE <u>White</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>Thomas R</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24 1847</u>			
7. AGE	YEARS	MONTHS	DAYS
<u>87</u>	<u>9</u>	<u>10</u>	<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Balla County Mo</u>			
13. NAME <u>Parker Hemmitt</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
15. MAIDEN NAME <u>Miltida Smith</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT <u>Mr. George Bennett</u> (ADDRESS) <u>510 Swan Hannibal Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Olivet</u> DATE <u>3/30/35</u> , 19 <u>35</u>			
19. UNDERTAKER <u>James O'Connell</u> (ADDRESS) <u>Hannibal Mo</u>			
20. FILED <u>Mar 30 1935</u> - <u>R. K. Roberts</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1934, to Nov 27, 1935
I last saw her alive on Nov 27 30, 1935 Death is said to have occurred on the date stated above, at 3:30 p. m.
The principal cause of death and related causes of importance were as follows:
Louche pneumonia Date of onset _____
92301
Other contributory causes of importance:
Influenza and impurities

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) A. B. Blue, M. D.
(Address) Hannibal Mo

