

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.

DEC 28 1934

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

Do not use this space.

34976

1. PLACE OF DEATH
County Wayne Registration District No. 890
Township Franklin Primary Registration District No. 4034
City Greenville (No. _____) St. _____ Ward _____

2. FULL NAME Mary Jane Bennett
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-29-1846

7. AGE YEARS 89 MONTHS _____ DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Wayne County (STATE OR COUNTRY) _____

13. NAME Milburn Mathes

14. BIRTHPLACE (CITY OR TOWN) Idaho (STATE OR COUNTRY) _____

15. MAIDEN NAME Caroline W. J.

16. BIRTHPLACE (CITY OR TOWN) Idaho (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) H. C. Bennett
Greenville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenville DATE Oct 16 1934

19. UNDERTAKER (ADDRESS) O. A. Howell
Greenville, Mo.

20. FILED 10-10 1934 O. S. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Oct 15 1934
Last saw him alive on Oct 12 1934 Death is said to have occurred on the date stated above, at 5:35 A.M.
The principal cause of death and related causes of importance were as follows:
Fractured hip
accident
Date of onset July

Other contributory causes of importance: _____

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) James F. Wagner M. D.
(Address) Greenville, Mo.

