WRITE PLAINLY, 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.

JAN 21 1936

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

Do not use this space.

42320

File No. .....

Registered No. 26

1. PLACE OF DEATH
County Webster
Township West Dallas
City Fordland (No. ....., ... St. ..... Ward)

Registration District No. 901
Primary Registration District No. 62 910

2. FULL NAME Lucinda Stennett

(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Stennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-29-1848

7. AGE: Years 87 | Months 1 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME Tolbert McDonald
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Millie Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Columbus Stennett R#1 Fordland Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stewart DATE 12-31, 1935

19. UNDERTAKER (ADDRESS) Kelley-Ferrell Fordland Mo

20. FILED Dec 31, 1935 Nellie Atkins W.A.A. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30, 1935

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Dec 28, 1935, to ....., 19..

I last saw her alive on December 28, 1935. Death is said to have occurred on the date stated above, at 12:30 Am.

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

	Date of onset
Arteriosclerosis	Years

Other contributory causes of importance: Emaciated, blind and demented

Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) John W. Good, M. D.
(Address) Fordland Mo