

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

Do not use this space.

FEB 20 1936

2507

1. PLACE OF DEATH

County Pike
Township Pine
City Frankford (No.)

Registration District No. 688
Primary Registration District No. 4412

File No.
Registered No. 2 Ward

2. FULL NAME

(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John S. Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 1845
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 2 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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
10 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh Pennsylvania

13. NAME Marion Bennett

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Myrtle Carver

18. BURIAL, CREMATION, OR REMOVAL PLACE Frankford Mo DATE Jan 20 1936

19. UNDERTAKER (ADDRESS) Frankford Mo

20. FILED Jan 20 1936 Mattie Hull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1935 to Jan 18, 1936

I last saw her alive on Jan 17, 1936. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Bronchopneumonia Date of onset

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) O. W. Anderson, M. D.
(Address) Frankford, Mo.

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.

MARGIN RESERVED FOR BINING

S. No. 2

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