

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.

MAR 16 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4502

1. PLACE OF DEATH

County ButlerRegistration District No. 50Township ButlerPrimary Registration District No. 3004City Butler (No. _____)

File No. _____

Registered No. 9

St. _____ 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 <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 J. M. Bennett6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>85</u>	<u>8</u>	<u>29</u>	

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) (STATE OR COUNTRY) Ind.13. NAME Leo S. Smith14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.15. MAIDEN NAME Anna S. Carter

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

17. INFORMANT J. N. Bennett(ADDRESS) Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE R. E. M. DATE Feb. 7 193619. UNDERTAKER Louise(ADDRESS) Butler Mo.20. FILED Feb. 6 1936 Anna S. Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5 1936I HEREBY CERTIFY, That I attended deceased from Feb 3rd 36 to Feb 5th 36I last saw her alive on Feb 4th 36 1936 Death is saidto have occurred on the date stated above, at 10:00 a.m.

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

Broncho pneumonia Date of onset _____Other contributory causes of importance: 1872

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 _____, 1936

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) A. S. de Haven, M. D.(Address) Butler, Mo.

MAR 27 1949

