

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.

AUG 31 1936

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

Do not use this space.

29589

1. PLACE OF DEATH

County Sullivan Registration District No. 853
Township Pleasant Hill Primary Registration District No. 6122
City (No. St. Ward)

2. FULL NAME

Unmarried Bennett
(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 4

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

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) Near Milan (STATE OR COUNTRY) Missouri

13. NAME Herbert E. Bennett

14. BIRTHPLACE (CITY OR TOWN) Milan (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Marva L. Bennett

16. BIRTHPLACE (CITY OR TOWN) Sullivan Co. (STATE OR COUNTRY) Missouri

17. INFORMANT Herbert E. Bennett (ADDRESS) Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER C. G. Schaefer (ADDRESS) Milan, Mo.

20. FILED Aug 6, 1936 Leo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1936 to July 16, 1936

I last saw her alive on July 16, 1936 Death is said to have occurred on the date stated above, at 1 P. m.

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

Probably heat. Date of onset July 16.
Was in collapse when seen.

Other contributory causes of importance:

Not known

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

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) J. S. Montgomery, M. D.

(Address) Milan, Mo.

