

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

Do not use this space.

SEP 21 1936

30401

1. PLACE OF DEATH

County Dade  
Township Center  
City (No. ....) (St. ....) (Ward ..)

Registration District No. 237  
Primary Registration District No. 5823

File No. 122  
Registered No. ....

2. FULL NAME

Cliza Richarda Bennett

(a) Residence, No. .... St. .... Ward. ....

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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
76 11 14

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

13. NAME John Bennett

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

15. MAIDEN NAME Anna Balinga

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

17. INFORMANT Mrs. Belle Bennett (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE Truist Home DATE 8-26-36

19. UNDERTAKER C. P. Long, James St. (ADDRESS) .....

20. FILED By 23 1936 Geo R. Willis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 - 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Said to have died of pneumonia. We did not see him.

Other contributory causes of importance:

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?.....  
If so, specify.....

(Signed) James G. Wreny Carones, M. D.  
(Address) Lackwood Mo

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.

2:30 End

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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Rade  
Township Center  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 937  
Primary Registration District No. 3823

File No. \_\_\_\_\_  
Registered No. 127 \_\_\_\_\_ Ward

**2. FULL NAME**

Elizah Richard Everett

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 11 14

OCCUPATION  
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) (STATE OR COUNTRY)

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 8-22 1936 Geo. R. Wier Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

said to have died of pneumonia & did not see him (No. had no doctor)

Other contributory causes of importance: form of pneumonia unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (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 A. New M.D.  
(Address) Rockwood mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**TEMPORARY**

S-30401