NOV 16 1936

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

Do not use this space.

37650

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township ~~Law~~ — Primary Registration District No. 1062 — Registered No. 4500

City Kansas City (No. Lakeside Hospital St. Ward)

2. FULL NAME Nettie M. Bennett

(a) Residence, No. 300 West Armours St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Divorced

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
about 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In charge of the Filling department

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Skelly Oil Co.

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) Canada

FATHER

13. NAME Johnson

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

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record No record

17. INFORMANT (ADDRESS) Miss Margaret McGahie, 300 West Armour Boulevard

18. BURIAL, ~~CREMATION OR REMOVAL~~ Mt. Washington Cem.
PLACE Kansas City, Missouri DATE Oct. 11, 1936

19. UNDERTAKER (ADDRESS) Stine & McClure 3235, Gillham Plaza.

20. FILED Oct 11 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936, to Oct 9, 1936

I last saw her alive on Oct 9, 1936. Death is said to have occurred on the date stated above, at P.m. 3:10

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

	Date of onset
Pelvic abscess	Sept 11 36

Other contributory causes of importance:

Carcinoma Sigmoid Colon	?

Name of operation Exploratory Lap Date of Oct 7/36

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) George J. Conley, M. D.

(Address) 270 Flora Ave

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.

100M-11-24-33