

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.

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

Do not use this space.

FEB 17 1936

1. PLACE OF DEATH

County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Joseph, (No. 108 W. Elk St.) St. _____ Ward _____

File No. 47532
 Registered No. 126

2. FULL NAME Infant Bennett

(a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan, 31, 1936</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>0</u>
		If LESS than 1 day, hrs. or min.
		<u>0</u>

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

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) St. Joseph, Mo.

MOTHER

13. NAME Carroll Bennett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Garnett, Neb.

15. MAIDEN NAME Emma Filley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron, Mo.

17. INFORMANT Mrs. Emma Bennett
 (ADDRESS) 108 W. Elk St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE City Cemetery, DATE Feb. 3, 1936

19. UNDERTAKER (ADDRESS) Walter Meichner, 1302 Grand St., St. Joseph, Mo.

20. FILED 2-3-36 John R. Bende Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1936 to Jan 31, 1936
 I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:00 m.

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

Stillborn

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? No
 If so, specify _____
 (Signed) Fred J. Shaw, M. D.
 (Address) 216 1/2 W. Missouri Ave. St. Joseph, Mo.

