

APR 19 1937

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

Do not use this space.

11714

1. PLACE OF DEATH

County DadeRegistration District No. 1109Township Greenfield SacPrimary Registration District No. 5333City Greenfield

(No.)

File No. 1Registered No. 1

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St. Ward.

(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

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Apr. 28 - 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.619178. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Dade Co. Mo.

13. NAME

George Bennett14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Illinois

15. MAIDEN NAME

Angeline Brown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Dallas Co. Mo.

17. INFORMANT

(ADDRESS)

E. D. Bennett.
Greenfield, Mo. Sta. 1102

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Corny Cem

DATE

Feb. 15

1937

19. UNDERTAKER

(ADDRESS)

J. W. Ward
Greenfield, Mo.

20. FILED

Mar 10 1937Registrar.Winie King Ross

MEDICAL CERTIFICATE OF DEATH

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

Feb. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 91937, toFeb. 141937I last saw h. alive on Feb. 14, 1937. Death is saidto have occurred on the date stated above, at 10 P.m.

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

Lobar pneumonia

Date of onset

Other contributory causes of importance:

108

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 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) C. V. Newberry, M. D.

(Address)

Greenfield, Mo.From instructions of J. W. Ward

