H. W. Hagebaum 12.0

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

Do not use this space.

JUN 2 1937

File No. 20072

Registered No. 6445

1. PLACE OF DEATH County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield (No. St. Johns Hospital St. Ward)

2. FULL NAME Lois Bennett

(a) Residence, No. Thayer Mo. 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

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1890

7. AGE: Years 46 | Months 6 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

35

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In home

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) Ark.

FATHER

13. NAME D. C. Clark

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

MOTHER

15. MAIDEN NAME Ellen Kirpatrick

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

17. INFORMANT (ADDRESS) Mrs. Byrd Duncan Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Thayer Mo. DATE May 25 37

19. UNDERTAKER (ADDRESS) Dwd Klingner & Co. Springfield Mo

20. FILED May 25 1937 Chas A George M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 25 1937 to May 24 1937

I last saw her alive on May 21 1937. Death is said to have occurred on the date stated above, at 12:09 P.M.

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

	Date of onset
Carcinoma Ovarium	
& invasion of	
abdomen generally	2 yrs
primary, ovary rt.	

Other contributory causes of importance:

Fly Laceration

Infection | Mo

Name of operation Laparotomy Date of 4/25/37

What test confirmed diagnosis? Autopsy 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) H. W. Hagebaum, M. D.

(Address) Springfield Mo

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