

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

Do not use this space.

JUL 10 1937

22849

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City (No. 1708, E. 25th)

File No. 2005
Registered No. 2005
St. 2 Ward 1

2. FULL NAME

Ella Bennett

(a) Residence, No. 1708 E. 25th St., 2 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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 Fe 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1937

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

22. I HEREBY CERTIFY That I attended deceased from Mar 22 1937 to Jun 9 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-5-1873

I last saw her alive on Jun 9 1937 Death is said to have occurred on the date stated above, at 11:30 P. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
235 64 1 4

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Aortic Inefficiency
920
Date of onset last thing

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knobnoster Mo.

Other contributory causes of importance:
Angerone of foot 5-6-37
degenerative endarteritis
not diabetes

13. NAME James Kemp

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

15. MAIDEN NAME Eliza Duker

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

17. INFORMANT Madeline Bennett (ADDRESS) 1708 E. 25th

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 6-22 1937

19. UNDERTAKER Adkins Bros. (ADDRESS) 2000 E. 12th

20. FILED 7/21 1937 M. M. Cronin Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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. Binder _____, M. D.
(Address) 17225 E. 18

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.

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