SEP 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Dent

Township

City Salem (No. ..... St. ..... Ward)

Registration District No. 266

Primary Registration District No. 4164

File No. 30562

Registered No. 65

2. FULL NAME Mrs Sara Bennett Gunnett

(a) Residence, No. ..... 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	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	--	24	

OCCUPATION

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

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) Franklin Co Mo

FATHER

13. NAME Joseph Bennett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- England

MOTHER

15. MAIDEN NAME Ruth Marsdon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) --- England

17. INFORMANT (ADDRESS) Clyde Gunnett St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stonehill Cem DATE Aug 19 -37

19. UNDERTAKER (ADDRESS) Carl K Spencer Salem Mo

20. FILED Aug 19 1937 F. E. Butler M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17-37

22. I HEREBY CERTIFY, That I attended deceased from 9/17, 1936 to 6/17, 1937

I last saw her alive on ....., 1937 Death is said to have occurred on the date stated above, at 11.15 A.M.

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

Carcinoma - left breast

Date of onset 1936

50

Other contributory causes of importance: Senility

Name of operation none 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) Lloyd H Hunt, M. D.

(Address) Salem Mo.

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.