

SEP 27 1937

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

Do not use this space.

32015

1. PLACE OF DEATH

County St. Louis
Township Fourth
City St. Louis (No.)Registration District No. 842Primary Registration District No. 6104

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. Mary E. Bennett Cran 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. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 18667. AGE YEARS 70 MONTHS 9 DAYS 6 If LESS than 1 day, ... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Ark13. NAME J. T. Hedges

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

15. MAIDEN NAME Hannah Adams

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

17. INFORMANT C. W. Jones (ADDRESS) Phone

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pyatt DATE 8-21-3719. UNDERTAKER Wesley Monroe (ADDRESS) St. Louis20. FILED Aug 21, 19 Mrs. E. Bennett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 193722. I HEREBY CERTIFY That I attended deceased from 6-30, 1937, to 8-20, 1937I last saw W alive on 8-15, 1937. Death is saidto have occurred on the date stated above, at 12:30 P.m.

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

Hypertension (Essential)

Date of onset

Other contributory causes of importance:

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) J. H. Dray, M. D.(Address) Cran

WHITE 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.

