

NOV 16 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

## 2. FULL NAME

(a) Residence, No.

St.

Ward.

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

White

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

widower

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

Parthenia Bennett.

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

Mar 22, 1880

## 7. AGE

87

## MONTHS

7

## DAYS

6

If LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

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

Farmer

## 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)

Idaho

## FATHER

## 13. NAME

J M Bennett

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

Idaho

## MOTHER

## 15. MAIDEN NAME

Sophieria Scott

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

Idaho

## 17. INFORMANT (ADDRESS)

Edna Coulter

## 18. BURIAL, CREMATION, OR REMOVAL

## PLACE

Cory Cemetery

## DATE

Oct 29, 1937

## 19. UNDERTAKER (ADDRESS)

Will Hays, Dadeville, Mo

## 20. FILE

Oct 28, 1937 Morris Miller

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Oct 28, 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

Oct 10, 1937, to Oct 28, 1937

I last saw him alive on Oct 27, 1937

Death is said

to have occurred on the date stated above, at 1 P. M.

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

Date of onset

Lobar Pneumonia

## 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)

(Address)

B B Kirby, Dadeville, Mo

M. D.

