JAN 251938	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		Do not use this space.	
1. PLACE OF DEATH County Tayout Township City	Begistration Distriction Distr	tet No. 890 4527	File No	TS Ward
2. FULL NAME Residence, No. (Usual place of abode) Length of residence in city or town where der	Bennett St.	(If non	aresident, give city or town as	and State) mos. ds.
PERSONAL AND STATISTIC	AL PARTICULARS	11	FICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SEARCH SALE SALE SALE SALE SALE SALE SALE SALE	SHOLE: MARRIED, WIDOWED, OR DIVORCED (Write the word)  Wildow  Bennett	21. DATE OF DEATH (MONTH, DAY, AND 22. I HEREBY CERTIFICATION 19.3.  1 lest saw h. 4-7. alive on	FY, That I attended d	19.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE YEARS MONTHS	Days   If LESS than 1   day,hrs. ormán,	to have occurred on the date stated at The principal cause of death and rela		1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	11. Total time (years) spent in this occupation	Other contributory causes of importan	ico:	
12. BIRTHPLACE (CITY OR TOWN)	no.		10 1	
13. NAME 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Cellite !	Name of operation	Date of	
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  18. Maiden NAME  19. State Or Country  19. Maiden NAME	Can f flow ma	23. If death was due to external cause Accident, suicide, or homicide?	Date of injury	, 19. 1 State)
(ADDRESS)  18. BURIAL, GRENATION, OR REMOVAL PLACE  PLACE  THE PLACE  THE PLACE THE PL	DATE Nov. 26 .57	Manner of injury  Nature of injury  24. Was disease or injury in any way r.  If so, specify		
19. UNDERTAKER	The state of the s	(Signed) CA, ZM		

WRITE PEAINLY, WITH UNFADING INK .-- THIS IS A PERMANENT RECORD

1108X 14944

