REC'D APR 19 1938

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

Do not use this space.

File No. 10847

Registered No.

Registration District No. 328

Primary Registration District No. 3017

1. PLACE OF DEATH
County: Grundy
Township:
City: Trenton (No. , St. Ward)

2. FULL NAME: Edith Bell Bennett 530

(a) Residence, No. 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. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 30 - 1938

7. AGE: YEARS | MONTHS | DAYS: 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Trenton Missouri

FATHER
13. NAME: Frank - Bennett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Zovie Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Frank Bennett
(ADDRESS) Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Grove Trenton DATE: Feb 7, 1938

19. UNDERTAKER: Ben C. Davis
(ADDRESS) Trenton Mo

20. FILED: 2-7, 1938 Irene D. Farr, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb - 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1938, to Feb. 6, 1938

I last saw him alive on Feb - 6 1 A.M., 1938. Death is said to have occurred on the date stated above, at 6:15 A.m.

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

Bronchopneumonia Date of onset Feb. 3rd 1938

PRIMARY -

1376

Other contributory causes of importance: None

Name of operation: None Date of

What test confirmed diagnosis? Clinical 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? No
If so, specify

(Signed) Oliver F. Duffy, M. D.
(Address) Trenton, Mo.

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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.