

REC'D SEP 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger
Township Wayne
City Zalma, Mo. (No. _____)

Registration District No. 69
Primary Registration District No. 5108

File No. 28278
Registered No. _____

2. FULL NAME

Willie Ivan James Bennett 530
(a) Residence, No. Greenbrier, Mo. Ward. Greenbrier, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1937

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>0</u>	<u>9</u>	<u>21</u>		

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) 0

13. NAME Willie B. Bennett 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arab, Mo. 0

15. MAIDEN NAME Cleta Velma Lemons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zalma, Mo.

17. INFORMANT (ADDRESS) Willie B. Bennett, Greenbrier, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bush Creek Cemetery DATE July 20, 1938

19. UNDERTAKER (ADDRESS) Dr. W. W. Minister, Zalma, Mo.

20. FILED Sept 2, 1938 Mrs. J. A. Berry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1938

22. I HEREBY CERTIFY That I attended deceased from May 23, 1938 to June 30, 1938
I last saw him alive on June 30, 1938. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset June 28, 1938

Other contributory causes of importance:
Fungalitis
Bacillary Dysentery
Malaria

Name of operation _____ Date of _____
What test confirmed diagnosis? Wright 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 1938

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) Dr. R. A. Smith, D.O. M. D.
70 (Address) Zalma, Mo.

WRITE 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.

