

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.

RECEIVED NOV 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Wright
Township Wright
City Wright (No. 530)

Registration District No. 171
Primary Registration District No. 4100

File No. 35385
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edith Bennett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 11 1903</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>6</u>	DAYS <u>29</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>merchant</u>
	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)
Wright, Mo.

MOTHER FATHER
13. NAME Murray Bennett

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

15. MAIDEN NAME Catherine Oldham

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

17. INFORMANT (ADDRESS)
Mrs. R. D. Emerson

18. BURIAL, CREMATION, OR REMOVAL PLACE Bennett DATE Oct 12 1938

19. UNDERTAKER (ADDRESS)
Wright 157

20. FILED 10/15 1938 Mrs. Ray Sandra Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1938

22. I HEREBY CERTIFY, That I attended deceased from July 12 1938 to October 11 1938
I last saw him alive on October 11 1938. Death is said to have occurred on the date stated above, at 2 P. M.

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

Carcinoma of prostate metastases in iliac glands

Other contributory causes of importance: 51

Name of operation _____ Date of _____
What test confirmed diagnosis? Biopsy Was there an autopsy? No

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) Carl C. Meyer, M. D.
(Address) Wright, Missouri

RECEIVED
District Health Officer No. 8,
District File Number 11/9/38
Date Filed

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary data collection techniques. The primary data was gathered through direct observation and interviews, while secondary data was obtained from existing reports and databases.

The third section details the statistical analysis performed on the collected data. This involves the use of descriptive statistics to summarize the data and inferential statistics to test hypotheses. The results of these analyses are presented in a clear and concise manner, highlighting the key findings of the study.

Finally, the document concludes with a discussion of the implications of the findings. It suggests that the results have significant implications for the field of study and provides recommendations for further research. The author also acknowledges the limitations of the study and offers suggestions for how these can be addressed in future work.