

REC'D APR 19 1939

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 Sturdivant, Mo. (No. 1)

Registration District No. 69
Primary Registration District No. 5108

File No. 9996
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 9 mos. 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Marion Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 31, 1913

7. AGE YEARS 25 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) Dec 25, 1937 11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sturdivant, Mo.

FATHER 13. NAME Jess E. Hissaw

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

MOTHER 15. MAIDEN NAME Vertie Chandler

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

17. INFORMANT (ADDRESS) Herman M. Bennett
Sturdivant, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Taylor Cemetery DATE

19. UNDERTAKER (ADDRESS)

20. FILED April 17, 1939 Mrs J A Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1939 to March 13, 1939
I last saw her alive on March 13, 1939. Death is said to have occurred on the date stated above, at 8:20 P.m.
The principal cause of death and related causes of importance were as follows:

advanced Carcinoma of Cervix with extension into both broad ligaments Date of onset Aug 28, 1936
Other contributory causes of importance: 48
(Taken treatment Cancer Hospital #1 Fulton, Mo.)

Name of operation Date of
What test confirmed diagnosis Cervix 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? no
If so, specify (Signed) Dr. R. A. Smith M.D.

(Address) P. O. Box #62 - Zalma, Mo.
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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.

MARKED RESERVED FOR ENDING

100M-22-35

MAY 2 1954