

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.

NOV 24 1931

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

Do not use this space.

34242

1. PLACE OF DEATH

County Henry
Township Windsor
City Windsor (No. _____)

Registration District No. 14
Primary Registration District No. 434
3496

File No. _____
Registered No. 29
St. _____ Ward _____

2. FULL NAME Rebecca Bennett

(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 4 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (or) WIFE OF <u>Lavern Bennett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 27 1853</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>5</u>
	DAYS <u>28</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>House wife</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) <u>Apex, Mo. Kansas</u>		
MOTHER	13. NAME <u>Nathan Robinson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
	15. MAIDEN NAME <u>Miss Oaden</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>Elta C Merritt</u> (ADDRESS) <u>Windsor 470</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Pleasant</u> DATE <u>Oct 27 31</u>		
19. UNDERTAKER <u>J. D. Housley</u> (ADDRESS) <u>Calhoun</u>		
20. FILED <u>Oct 27 1931</u> <u>J. D. Housley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 to Oct 25, 1931
I last saw h. _____ alive on Oct 25 1931 Death is said to have occurred on the date stated above, at 6:15 p. m.
The principal cause of death and related causes of importance were as follows:
Robert Pneumonia
Date of onset Oct 23

Other contributory causes of importance:
Streptococci

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) T. J. Dunnington
(Address) Windsor, Mo.

