

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

27 1933

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.

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

Do not use this space.

5051

1. PLACE OF DEATH

21 County Chariton Registration District No. 171
Township Keyesville Primary Registration District No. 5237
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 3

2. FULL NAME

Sarah Bennett
(a) Residence, No. on Farm St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Bennett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-15-1863</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>7</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. <u>House keeper</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>X</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton Co</u>		
FATHER	13. NAME <u>Gas. W. Tillotson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Amanda Young</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT <u>James Bennett</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bennett Cem</u> DATE <u>2-13</u> 19 <u>33</u>		
19. UNDERTAKER <u>H. D. Murphy by N. Barrett</u> (ADDRESS)		
20. FILED <u>2/13</u> 19 <u>33</u> <u>Zetta Sneed</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-5 1933, to 2-12 1933
I last saw her alive on 2-5 1933 Death is said to have occurred on the date stated above, at 2.8 m.
The principal cause of death and related causes of importance were as follows:
Cause of stomach
H. D. 4 (6) 15
1100

Other contributory causes of importance:
Intestinal obstruction

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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? None
If so, specify _____
(Signed) W. S. Lawrence, M. D.
(Address) Selbstyria

