

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

Do not use this space.

OCT 18 1937

1. PLACE OF DEATH

County Butler

Registration District No. 89

File No. 33785

Township Poplar Bluff

Primary Registration District No. 3007

Registered No. 217

City Poplar Bluff

St. _____ Ward)

2. FULL NAME Edna 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 yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 9-1-37, 1937, to 9-5-, 1937

I last saw him alive on 9-5-, 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-5-1918

to have occurred on the date stated above, at _____ m.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Home

Beckland Nursing Home

Date of onset

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

Other contributory causes of importance:

Myocardial Infarction

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Tom Terson

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

15. MAIDEN NAME Edith Akright

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

17. INFORMANT Edith Edwards

(ADDRESS) Poplar Bluff, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Butler

DATE 9-11-37

19. UNDERTAKER Greer Service

(ADDRESS) Poplar Bluff, Mo

20. FILED 9/11

1937

Obituary

Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 9-1-37

Where did injury occur? Poplar Bluff, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Self

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Dr. H. B. ... M. D.

(Address) Poplar Bluff, Mo

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.

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