

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

Do not use this space.

29908

1. PLACE OF DEATH

County Wayne
Township Lost Creek
City _____ (No. _____) St. _____ Ward _____

Registration District No. 893
Primary Registration District No. 6189

File No. _____
Registered No. 12

2. FULL NAME

Velma 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. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 19 29

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

17. I HEREBY CERTIFY That I attended deceased from Aug 12, 1929, to Aug 20, 1929 that I last saw h. or alive on Aug 14, 1929, and that death occurred, on the date stated above, at 3 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15, 1927

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
2 | 7 | 5

Intero-Colitis

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

114 B (duration) yrs. mos. ds. 10 da.

CONTRIBUTORY (SECONDARY)

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Dunklin Co Mo

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

10. NAME OF FATHER Virgil Bennett

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

18. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo

(Signed) Juo F Wagner, M. D

12. MAIDEN NAME OF MOTHER Anne Moring

Aug 20, 19 29 (Address) Greenville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Shiloh Cem. near School, Mo Aug 21 19 29.

20. UNDERTAKER ADDRESS _____

14. INFORMANT (Address) Isiebert Weiss
St Louis, Mo.

15. FILED Aug 21, 19 29 Mrs. Hattie McShue REGISTRAR

CAUSE OF DEATH IN plain terms, so that it may be properly classified. - Exact statement of Occurrence is very important.

