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

37916

PLACE OF DEATH

County Benton

Township Union or Village or City

Registration District No. 140

Primary Registration District No. 5401

File No.

Registered No. 16

(NO. St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Martha Jane Bennett

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

DATE OF BIRTH: July (Month) 18 (Day), 1882 (Year)

AGE: 33 yrs. 4 mos. 15 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): 10

BIRTHPLACE (City or town, State or foreign country): Benton Co, Mo

PARENTS

NAME OF FATHER: Columbus P. Brown

BIRTHPLACE OF FATHER (City or town, State or foreign country): Benton Co.

MAIDEN NAME OF MOTHER: Sarah Byler

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Barton Co

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. E Crossgrove

(ADDRESS) Fristoe, Mo

Filed 12/4, 1914. D O Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 3 (Day), 1914 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 22, 1914, to Dec 3, 1914, that I last saw her alive on Nov 29, 1914, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

1a Malarial Fever

1b Complicated with Bronchitis.

(Duration) 0 yrs. 1 mos. 11 ds.

Contributory (SECONDARY)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) E A Gist M. D.

Dec 3 1914 (Address) Fristoe, Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Home Ground

DATE OF BURIAL: 12/5, 1914

UNDERTAKER: E G Harvey

ADDRESS: Crosstimbers Mo