

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

Do not use this space.

40539

**1. PLACE OF DEATH**

51 County Johnson Registration District No. 431  
6 Township \_\_\_\_\_ Primary Registration District No. 3023  
7 City Warrensburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Lucinda Bennett Harris

(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**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. H. Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 6 24

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Callaway Co. Mo.

FATHER  
13. NAME Willis Bennett

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

MOTHER  
15. MAIDEN NAME Martha Bennett

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

17. INFORMANT (ADDRESS) Anna Johnson  
Warrensburg

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Dec. 28, 1933

19. UNDERTAKER (ADDRESS) Sweeney Phillips  
Warrensburg Mo.

20. FILED Dec. 28, 1933 McDallesee  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1933, to Dec 27, 1933

I last saw him alive on Dec 26, 1933 Death is said to have occurred on the date stated above, at 5:30 am.

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

Burn over 3/4 of body surface clothes caught on fire from wood stove in house

Other contributory causes of importance:

181 181 Date of onset 27

Name of operation Free 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? accident Date of injury Dec 26, 1933

Where did injury occur? at her house (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at her house

Manner of injury clothes on fire  
Nature of injury 3/4 of body burned

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify \_\_\_\_\_

(Signed) Wm. Vallesee, M. D.  
(Address) Warrensburg 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.

WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 26 1934

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