

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

PLACE OF DEATH
 County Bates
 Township Mingo
 or Village _____
 or City _____ (NO. _____ St.; _____ Ward)

Registration District No. 267 File No. 33265
 Primary Registration District No. 5090 Registered No. 1

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

FULL NAME John Robert Bennett

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED married
 WIDOWED OR DIVORCED _____
(Write the word)

DATE OF BIRTH November 24, 1900
(Month) (Day) (Year)

AGE 59 yrs. 11 mos. 6 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
 (City or town, State or foreign country) Green Branch, W. Va.

PARENTS
 NAME OF FATHER Robert Dickson Bennett
 BIRTHPLACE OF FATHER Green Branch, W. Va.
 MAIDEN NAME OF MOTHER Sarah E. Cargill
 BIRTHPLACE OF MOTHER Green Branch, W. Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) W. Y. Kinick
 (ADDRESS) Odessa, Mo.

Filed Nov 9th 1910 Shuman Miller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 2, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 1st, 1910, to Nov 2, 1910,
 that I last saw him alive on Sept 23, 1910,
 and that death occurred, on the date stated above, at 3 P. m.
 The CAUSE OF DEATH* was as follows:

Cancer of Stomach
46B
 (Duration) _____ yrs. 9 mos. 6 ds.

Contributory (SECONDARY) _____
 (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Shuman Miller M. D.
Nov 2, 1910 (Address) Odessa, 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 1 yrs. 10 mos. 3 ds. In the State 25 yrs. 6 mos. 4 ds.

Where was disease contracted if not at place of death? _____

Former or usual residence State of Mo.

PLACE OF BURIAL OR REMOVAL Cover Creek DATE OF BURIAL Nov 3, 1910

UNDERTAKER J. H. Arnold ADDRESS Odessa, Mo.

