

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

PLACE OF DEATH

County Newton
Township Buffala
or
Village
or
City Seneca Mo (NO. 3 miles south St.: _____ Ward)

Registration District No. 611 File No. 39001

Primary Registration District No. 5813 Registered No. 35

FULL NAME Herald Bennett

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

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED 1
(Write the word)

DATE OF BIRTH Sept 3, 1910
(Month) (Day) (Year)

AGE 2 yrs. 27 mos. 27 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) Seneca, 3 miles south

PARENTS NAME OF FATHER Sam Curtis Bennett
BIRTHPLACE OF FATHER Illinois
MAIDEN NAME OF MOTHER Verie Tucker
BIRTHPLACE OF MOTHER unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) L. M. Bennett
(ADDRESS) Seneca Mo.

Filed Dec 6, 1910, H. B. Porter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 28, 1910, to Nov 30, 1910, that I last saw him alive on Nov 28, 1910, and that death occurred, on the date stated above, at 49 m.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
121

(Duration) _____ yrs. _____ mos. 2 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) A. B. S. ... M. D.
Nov 30, 1910 (Address) Seneca 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 Baptist Cemetery DATE OF BURIAL Nov 30, 1910
UNDERTAKER Soft Bros ADDRESS Seneca Mo

