

JUL 24 1928

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

Do not use this space.

20011

1. PLACE OF DEATH

County Washington Registration District No. 86  
Township Washington Primary Registration District No. 5127  
City St. Joseph, Mo. (No. Frederick Ave. Blvd.)

File No. 39  
Registered No. 39 St. 39 Ward

2. FULL NAME

(a) Residence. No.          St.          Ward. Brenton, Missouri  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oreon Bennett  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10, 1897  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min. 31 0 5

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) Self  
(c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER George Bennett  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown  
12. MAIDEN NAME OF MOTHER Annie Bennett  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Trundy Co.,  
(STATE OR COUNTRY) Missouri

14. INFORMANT Milton Rogers  
(Address) Brenton, Missouri

15. June 16, 1928 28 J. J. Caroschek  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15, 1928

17. I HEREBY CERTIFY, That I attended deceased from          June 15, 1928, to                  , and that I last saw h.          alive on                  , 19         , and that death occurred, on the date stated above, at          11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
210 F. Fracture of Skull caused by being Run over by Truck, on Pipe Peak 1 1/2 miles East of St. Joseph Mo

CONTRIBUTOR (PRIMARY) accident  
(SECONDARY) Washington Township, Mo.

18. WHERE WAS DISEASE CONTRACTED This man fell  
IF NOT AT PLACE OF DEATH reared the rear end of truck  
1611

DID AN OPERATION PRECEDE DEATH? No DATE OF           
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Post mortem  
History of accident  
(Signed) J. J. Caroschek, M. D.  
6-16-28 (Address) St. Joseph 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brenton, Missouri DATE OF BURIAL June 16, 1928

20. UNDERTAKER Eleman Funeral Home ADDRESS 1208 Francis

WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County DuChane Registration District No. 86 File No. \_\_\_\_\_  
 Township Washington Primary Registration District No. 5-27 Registered No. 39  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Norman 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**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1928

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, (that I last saw h. \_\_\_\_\_ since on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Fractured skull, caused by being run over by truck on Dept. Road highway 4 miles East of Joe (duration) \_\_\_\_\_ yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Auto truck (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (Address)

\*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.

14. INFORMANT (Address) \_\_\_\_\_

15. 8-2-28 J. Baushack UNDERTAKER  
 FILED \_\_\_\_\_, 19\_\_\_\_ REGISTRAR ADDRESS \_\_\_\_\_

SUPPLEMENTARY

INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information must 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. REGISTRARS MUST RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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