

1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35618

1. PLACE OF DEATH

County FullertonRegistration District No. 849Township GreenPrimary Registration District No. 45BCity Green City Mo (No.)

File No.

Registered No. 12

St.

Ward)

2. FULL NAME

Charley Adell Bennett

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Maggie L. Bennett

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

Mar. 14 - 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.70618

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

(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)

Pennsylvania

10. NAME OF FATHER

Robert Henry Bennett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pennsylvania

12. MAIDEN NAME OF MOTHER

Leontine Bennett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Vermont

14.

INFORMANT

(Address)

Mrs. Charley Bennett
Green City Mo.

15.

FILED

Sept. 3, 1928Wood Koteane

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct. 2 1928

17.

I HEREBY CERTIFY That I attended deceased from Sept. 20, 1928, to Oct. 2, 1928, that I last saw deceased alive on Oct. 8, 1928, and that death occurred, on the date stated above, at 8:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the Stomach46B 44 U(duration) 1 yrs. mos. da.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO

DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

D. M. Riggins

M. D.

, 19

(Address) Green City 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

DATE OF BURIAL

Green City CemeteryOct. 6 1928

20. UNDERTAKER

ADDRESS

Wm. E. KentGreen City

WRITE PLAINLY, 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.

J. S. NO. 2.

