JAN 23 1929

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

Do not use this space.

41284

1. PLACE OF DEATH
County Jasper — Registration District No. 408
Township Marion — Primary Registration District No. 5564
City Madison (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME John A Bennett
(a) Residence. No. Carthage Mo R#8 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 41 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 12-1887
7. AGE: Years 41, Months 9, Days 3 — If LESS than 1 day, ... hrs. or ..... min.
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) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jasper Co Mo.

PARENTS
10. NAME OF FATHER: J W. Bennett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Margaret Doiser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.

14. INFORMANT: Mrs Clara Swain
(Address) ~~Carth~~ Carthage Mo R#8
15. FILED 12/19, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 15 1928
17. I HEREBY CERTIFY, That I attended deceased from July 19, 1928, to Dec 15, 1928, that I last saw him alive on Dec 17, 1928, and that death occurred, on the date stated above, at 11:45 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Pulmonary Tuberculosis
31 (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): None
(duration) yrs. mos. ds.
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? Bacteria in Sputum
(Signed) H A LaForce, M. D
Dec 16, 1928 (Address) Carthage 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: Park Cemetery — DATE OF BURIAL: 12-18 1928
20. UNDERTAKER: Ulmer-Drake — ADDRESS: Carthage

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.