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.

MAR 25 1929

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

Do not use this space.

7525

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No.

Township — Primary Registration District No. 3032 — Registered No. 67

City Sedalia (No. ..... St. ..... Ward)

2. FULL NAME Arron Bennon

(a) Residence. No. 501 W Johnson 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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: dont no name

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

7. AGE: Years 59 — Months dont no — Days dont no — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): dont no
(c) Name of employer: dont no

9. BIRTHPLACE (CITY OR TOWN): Vallyfall
(STATE OR COUNTRY): Kans

PARENTS

10. NAME OF FATHER: Arron Bennon
11. BIRTHPLACE OF FATHER (CITY OR TOWN): dont no
(STATE OR COUNTRY): dont no
12. MAIDEN NAME OF MOTHER: dont no
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): dont no
(STATE OR COUNTRY): dont no

14. INFORMANT: Emma Cartwright
(Address): Sedalia Mo

15. FILED 2-25-1929 J. G. Love, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-23-1929

17. I HEREBY CERTIFY, That I attended deceased from 1-28, 1929, to 2-23, 1929, that I last saw him alive on 2-23, 1929, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of Heart
92A
95B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Aortic Insufficiency
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? NO

DID AN OPERATION PRECEDE DEATH? NO DATE OF —

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. R. Maddox, M. D

, 19 (Address) 116½ West Main

*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: Atcheson Kans — DATE OF BURIAL: 2/26 1929

20. UNDERTAKER: F D Ferguson — ADDRESS: Sedalia