

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**

Township Primary Registration District No. **1003**

City **Maple** (No. **3860 Windsor**)

File No. **25954**
Registered No. **7138**
St. Ward)

2. FULL NAME

(a) Residence. No. **3860 Windsor** 11 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male**
4. COLOR OR RACE **Colored**
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar 17 - 1888**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	41	3	18	

8. OCCUPATION OF DECEASED **Porter**
(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) **Ill.**

10. NAME OF FATHER **White Bennett**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**

12. MAIDEN NAME OF MOTHER **Ella Bennett**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**

14. INFORMANT **Carrie Bennett**
(Address) **3860 Windsor**

15. FILED **11 - 8 1929** **Maple** REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 9 - 1929**

17. I HEREBY CERTIFY, That I attended deceased from **July 1**, 19**29**, to **July 4**, 19**29**.
That I last saw him alive on **July 4**, 19**29**, and that death occurred, on the date stated above, at **12 A** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
(duration) yrs. mos. **4** ds.
CONTRIBUTORY **Excessive Alcohol & Exports**
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Ill.**
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **B. C. E...**, M. D.

July 6, 1889 (Address) **3870 East...**

*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 **Billville Ill.** DATE OF BURIAL **7-9-1929**

20. UNDERTAKER **W. S. Wadsworth** ADDRESS **4202**

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.

