

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

Do not use this space.

26873 3486

1. PLACE OF DEATH U.S. VETERANS' HOSPITAL

County JACKSON Registration District No. _____
Township Kaw Primary Registration District No. _____
City KANSAS CITY (No. U.S. Veterans Hospital) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME BENNINGTON, Earl

VB C-1,440,750

(a) Residence. No. Parkville, Missouri st. _____ Ward Machinist's Mate 1/c USN.
(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) **SEPARATED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Separated: Mrs. J.E. Bennington**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **August 9, 1879.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 0 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Sailor.**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Warrensburg,**
(STATE OR COUNTRY) **Missouri.**

10. NAME OF FATHER **Isaac Bennington**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Rome,**
(STATE OR COUNTRY) **Ohio.**

12. MAIDEN NAME OF MOTHER **Ida D. Daugherty**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Parkersburg,**
(STATE OR COUNTRY) **West Virginia.**

14. INFORMANT **Mother, Mrs. Ida Bennington,**
(Address) **Parkville, Missouri.**

15. FILED 8/23 1930 M. M. Crowl REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **August 22, 1930.**

17. I HEREBY CERTIFY, That I attended deceased from **January 4,** 1930, to **August 22,** 1930.
that I last saw h. **lm.** alive on **August 22,** 1930 and that death occurred, on the date stated above, at **7:00 A.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis, pulmonary, chronic, advanced.

According to Records (duration) **12 yrs.** mos. ds.

CONTRIBUTORY **Tuberculosis of intestines.**
(SECONDARY)

(duration) **--** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH **Unknown.**

IF IN OPERATION PRECEDE DEATH? **No** DATE OF _____

WAS THERE AN AUTOPSY? **Yes.**

WHAT TEST CONFIRMED DIAGNOSIS? **Lab. and x-ray.**

HENRY A. DYKROG, M. D.
Medical Off. in Charge (Temp)
U.S. VETERANS' HOSPITAL, Kansas 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

Mary's **8/24/30**

20. UNDERTAKER

ADDRESS

Freeman Mortuary
10 1/2 W. 52nd St

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.

