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.

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

Do not use this space.

14269

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw. — Primary Registration District No.: 1002
City: Kansas City (No. 1631 Jefferson. St. Ward)

File No.: 1786
Registered No.:

2. FULL NAME: John Quincy Adams Bennett.
(a) Residence, No. 1631 Jefferson St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 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: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Mollie Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov.13.1856.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
74	5	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ret. 10 yrs.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 31

FATHER
13. NAME: No-record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No-record.

MOTHER
15. MAIDEN NAME: No-record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No-record.

17. INFORMANT: Mrs Mollie Bennett
(ADDRESS): 1631 Jefferson.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Newbern N.C. DATE: Apr.20 1931

19. UNDERTAKER: Gates Funeral Home
(ADDRESS): Kansas City Kansas.

20. FILED: 4/17 1931 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr.17 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-14-31, 1931, to 4-17-31, 1931
I last saw him alive on 4-14-, 1931. Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
& Senility	
59	
59	
59	

Other contributory causes of importance:
Diabetes Mellitus
& Senility
59

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. A. Mabry, M. D.
(Address) 1700 Summit
K.C. Mo.