

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

Do not use this space.

17092

1. PLACE OF DEATH

County Benton
Township White
City Lincoln

Registration District No. 60
Primary Registration District No. 4035

File No. _____
Registered No. 9

2. FULL NAME

George Washington Bennett

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE of Mary Catherine Elledge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30-1840

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>90</u>	<u>10</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

mason Ohio

10. NAME OF FATHER

Abraham Bennett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Pennsylvania

12. MAIDEN NAME OF MOTHER

Richard Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

France

14.

INFORMANT (Son) E. Bennett
(Address) Warsaw Mo.

15.

FILED May 24 1931 G. L. Rhodes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-22-1931

17. I HEREBY CERTIFY, That I attended deceased from 2/1/31 to 5-22-1931 that I last saw him alive on 5-22-1931, and that death occurred, on the date stated above, at 3:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)

Senility (duration) 15 yrs. mos. da.
Senility (duration) _____ yrs. mos. da.

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? Clinical & physical

(Signed) C. E. Bennett, M. D.

, 19 (Address) Lincoln, 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

Warsaw Mo.

DATE OF BURIAL

5-24-1931

20. UNDERTAKER

J. R. Calvert

ADDRESS

Lincoln Mo.

K. 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.

JUN 24 1931

APR 1 1946