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

Do not use this space.

764

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No.

3 Township — Primary Registration District No. 2001 — Registered No. 48

5 City Springfield (No. Springfield Hospital Ward)

2. FULL NAME Sheridan Bennett

(a) Residence. No. ..... St., ... Ward. Buffalo, Mo
(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.

FEB 24 1932

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-14-1872

7. AGE: 59 YEARS, 2 MONTHS, 3 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farm 137
(b) General nature of industry, business, or establishment in which employed (or employer): 135
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dallas Co Mo 131

PARENTS
10. NAME OF FATHER: John Bennett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Rachel Wright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dallas Co Mo

14. INFORMANT: Phil G. Bennett
(Address) Buffalo Mo

15. FILED 1-18, 1932 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to Jan 17, 1932, that I last saw her alive on Jan 16, 1932, and that death occurred, on the date stated above, at 8:30 Am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertrophy of Prostate with urinary retention (duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial Nephritis with uremia (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH — (cystotomy only)

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 9 1932

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory (1)

(Signed) Robert Glynn, M. D.

1/17, 1932 (Address) Springfield 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: Oak Lawn Buffalo Mo — DATE OF BURIAL: 1-19-32

20. UNDERTAKER: L. B. Jones — ADDRESS: Buffalo Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.