

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

Do not use this space.

7532

1. PLACE OF DEATH

12 County Butler
2 Township Poplar Bluff
7 City Poplar Bluff (No. 11)

Registration District No. 89
Primary Registration District No. 300

File No. _____
Registered No. 52
St. _____ Ward _____

2. FULL NAME

Clarence Homer Bennett

(a) Residence, No. 1405 Spring St. Poplar Bluff Mo. 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

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 Hattie Bennett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2-1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 3 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 14
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. asst mgr. Ins. Co
10. Date deceased last worked at this occupation (month and year) July 1, 1931 11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Ill

MOTHER 13. NAME James S. Bennett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drumby Co. Mo

15. MAIDEN NAME Alta Prowell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Ill

17. INFORMANT Oliver E. Bennett
(ADDRESS) Poplar Bluff Mo R 1

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. DATE Mar 24 1932

19. UNDERTAKER Dr. P. Phillips
(ADDRESS) Poplar Bluff Mo

20. FILED Mar 25 1932 W. J. Clain
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1932

I HEREBY CERTIFY, That I attended deceased from Feb 31 1932 to Mar 22 1932

I last saw him alive on 3/22/32 1932 Death is said to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance were as follows:

31 Pulmonary edema 3/21/32
Myocardial failure 3/21/32
93 D
11 P
Other contributory causes of importance: Nephritis 2/1/31
Hypertension 2/1/31

Name of operation _____ Date of _____
What test confirmed diagnosis? (1) 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? no

If so, specify J. P. Kuehert M. D.

(Signed) J. P. Kuehert (Address) Poplar Bluff, Mo.

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.

APR 25 1932

