

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

Do not use this space.

21715

1. PLACE OF DEATH

105 County Sullivan

Registration District No. 849

2. Township

Primary Registration District No. 43-15

3. City

Green City

(No. St. Ward)

2. FULL NAME

Frank A. Bennett

(a) Residence, No. St. 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

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Sarah Bennett

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

May 23-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

0

25

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

Pa.

MOTHER FATHER

13. NAME

Robert Henry Bennett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Pa.

15. MAIDEN NAME

Mariah Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

17. INFORMANT (ADDRESS)

Sarah Bennett

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Green City, Mo.

19. UNDERTAKER (ADDRESS)

Green E. Trust

20. FILE

June 20, 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 18, 1932

22. I HEREBY CERTIFY That I attended deceased from

Sept 1, 1930, to June 18, 1932

I last saw him alive on June 16, 1932 Death is said

to have occurred on the date stated above, at 5 a.m.

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

Chronic Malvular Heart Disease

Date of onset

1930

Other contributory causes of importance:

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy? no

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

(Signed) D. M. Riggins, M. D.

(Address) Green City, Mo.

