

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

Do not use this space.

35947

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. Vineyard Park Hoop)

Registration District No. 397  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 4457  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3412 Charlotte St. Ward. \_\_\_\_\_  
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-11-1856</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>9</u>	DAYS <u>26</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired W.U.T.Co.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>employee</u>	
	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) <u>West Troy N.Y.</u>		
FATHER	13. NAME <u>G.M.P. Bennett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
MOTHER	15. MAIDEN NAME <u>W. Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wichita</u>	
17. INFORMANT (ADDRESS) <u>August W. Johnson 3412 Charlotte</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. Washington</u> DATE <u>11/29/32</u>		
19. UNDERTAKER (ADDRESS) <u>St. Mary's Home 1112 E. 12th</u>		
20. FILED <u>Nov 28 1932</u> M. M. Brown Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27-1932

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1932 to November 27, 1932  
I last saw him alive on November 26, 1932 Death is said to have occurred on the date stated above, at 2 A. m.  
The principal cause of death and related causes of importance were as follows:  
Broncho-Pneumonia  
Senility

Date of on. Nov 25 1932

Other contributory causes of importance: Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Autopsy as there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? NO 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) Samuel Voegelius M. D.  
(Address) 604 Cambridge Bldg

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.

15-266

~~Dr. H. S. Jones~~

~~2137 7<sup>th</sup> St. S. E.~~

~~Ala. # 1850~~

(Vogelin)

(Vogeland)

Vineyard Park Hospital