

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.

MAY 22 1933

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

Do not use this space.

12934

38. PLACE OF DEATH
County Genney Registration District No. 312
Township Ladysburg Primary Registration District No. 4188
City St. Louis (No. St. Ward)

6. FULL NAME Edward Bennett
(a) Residence, No. St. Louis St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Betsy Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2-1864

7. AGE YEARS 78 MONTHS 6 DAYS 21 IF LESS than 1 day, hrs. or min.

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) 1912

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

13. NAME Edward Bennett

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

15. MAIDEN NAME Ann Abbott

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

17. INFORMANT Betsy Bennett
(ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 4-25-33

19. UNDERTAKER W. J. Gargant
(ADDRESS) St. Louis, Mo.

20. FILED Apr 25 1933 W. Paulette
Registrar.

MEDICAL CERTIFICATE OF DEATH

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1933 to April 23, 1933
I last saw him alive on April 23, 1933 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
apoplexy 82 A
82 A
Other contributory causes of importance:
arterio-sclerosis

Name of operation Date of
What test confirmed diagnosis? 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
(Signed) W. B. Blacklock M. D.
(Address) St. Louis, Mo.

