

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.

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

Do not use this space.

15430

## 1. PLACE OF DEATH

County ShelbyRegistration District No. 828Towship JacksonPrimary Registration District No. 2,501City Winnemucca (No. ....)

File No. ....

Registered No. ....

St. .... Ward)

## 2. FULL NAME

William J. 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

White

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

Widowed

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

Widowed

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

00-13-1845

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

87522

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

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(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

## 10. NAME OF FATHER

Don't Know

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't Know

## 12. MAIDEN NAME OF MOTHER

Don't Know

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't Know

## 14.

INFORMANT

(Address)

Mrs. Margaret LinnWinnemucca, Mo.

## 15.

FILED

4-5-1933Dr. C. T. White

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

April 4 1933

## 17.

I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to ....., 19....., and that I last saw him alive on ....., 19....., and that death occurred, on the date stated above, at .....

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Suicide. By hanging  
Self with rope around  
neck. Injuries deemed  
unnecessary. (duration) .... yrs. .... mos. .... ds.

## CONTRIBUTORY (SECONDARY)

(duration) .... yrs. .... mos. .... ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

## WHAT TEST CONFIRMED DIAGNOSIS

(Signed) George J. Givan, 19 (Address) Winnemucca, 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

## DATE OF BURIAL

1006 Bern. Street 4/6 1933

## 20. UNDERTAKER

## ADDRESS

George J. Givan Winnemucca, Mo.

