

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

Do not use this space.

17523

1. PLACE OF DEATH

County RANDOLPH
Township
City MOBERLY (No.)

Registration District No. 735
Primary Registration District No. 13034

File No.
Registered No. 98
St. Ward)

2. FULL NAME

CHAS B. BENNETT

(a) Residence. No. 415 FULTON St. Ward.

(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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAR. 4 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work RETIRED
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

10. NAME OF FATHER RICHARD BENNETT

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) KY

12. MAIDEN NAME OF MOTHER ELIZ. RIDGWAYS - 20, 1933 (Address) Moberly Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) KY

14. INFORMANT Mrs C. B. Bennett (Address) 415 FULTON

15. FILED 5/20, 1933 Thos. S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19th 1933

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1932 May 19th, 1933 that I last saw him alive on May 19th, 1933, and that death occurred, on the date stated above, at 10:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (duration) 9.4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Angina Pectoris (duration) 12 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED PHW (duration) 6 yrs. mos. ds.

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical (Signed) J. H. Mitchell M. D.

*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 LIBERTY CEM DATE OF BURIAL MAY 20 1933
20. UNDERTAKER SNOW-LEAVERTON ADDRESS MOBERLY MO

K. 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUN 23 1933

1933 001

1933 002

1933 003

1933 004

1933 005

1933 006

1933 007

1933 008

1933 009

1933 010