

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

Do not use this space

2001

1. PLACE OF DEATH
 County Newton Registration District No. 611
 Township Seneea Primary Registration District No. 436
 City Seneea (No. _____) St. _____ Ward _____

2. FULL NAME Leo Montgomery Bennett
 (a) Residence, No. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. ____ mos. ____ da. How long in U. S., if of foreign birth? yrs. ____ mos. ____ da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 9 1846</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>9</u>	DAYS <u>7</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Spain</u>		
MOTHER	13. NAME (FATHER) <u>Robert Bennett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>X</u>	
	15. MAIDEN NAME <u>Agnes Price</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>X</u>	
17. INFORMANT (ADDRESS) <u>Mrs Geo Reynolds</u> <u>Seneea Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seneea</u> DATE <u>11/17 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Norman E. Melton</u> <u>Seneea Mo</u>		
20. FILED <u>1/20 1934</u> <u>C. H. Harris</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1934, to Jan 16 1934
 I last saw h. _____ alive on _____ 19____ Death is said to have occurred on the date stated above, at 8³⁰ A.M.
 The principal cause of death and related causes of importance were as follows:
Acute Phlebotomy
127B
177
 Other contributory causes of importance:
4

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 _____
 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?
 If so, specify _____
 (Signed) V. E. Cannon
 (Address) Seneea Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated in PLAIN TERMS. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms so that it may be properly classified.

1934
611
436

