

OCT 17 1934

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

Do not use this space.

33927

## 1. PLACE OF DEATH

94 County St. Francois Registration District No. 775  
Township Perry Primary Registration District No. 6020  
City Camden (No.       ) St.        Ward       

File No. 68Registered No. 68

## 2. FULL NAME

William 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<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><input checked="" type="checkbox"/> |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>June 14, 1849</u>                                     |  |  |
| 7. AGE  | YEARS<br><u>85</u>   | MONTHS<br><u>2</u>   |
|   | DAYS<br><u>28</u>  | IF LESS than 1 day, hrs. or min.<br><u>      </u>                          |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>None</u> |  |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>      </u>        |  |
|   | 10. Date deceased last worked at this occupation (month and year)<br><u>      </u>                         | 11. Total time (years) spent in this occupation<br><u>      </u>           |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>New York</u>                                 |  |  |
| FATHER  | 13. NAME<br><u>Urbensown</u>   |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Urbensown</u>                                       |  |
| MOTHER  | 15. MAIDEN NAME<br><u>Urbensown</u>  |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>      </u>  |  |
| 17. INFORMANT (ADDRESS)<br><u>Mrs. Laura Schantz</u><br><u>Camden, Mo.</u>                          |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>St. Vincent Cemetery</u> DATE <u>Sept 13, 34</u>      |  |  |
| 19. UNDERTAKER (ADDRESS)<br><u>Benham and Co</u><br><u>Camden, Mo.</u>                              |  |  |
| 20. FILED <u>9/13</u> 19 <u>34</u> <u>J. A. Don</u><br>Registrar.                                   |  |  |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 193422. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1934, to Sept. 11, 1934I last saw him alive on Sept. 11, 1934. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac hemorrhage (apoplexy)  
131  
8211 / 131

Date of onset

Sept 8/34

Other contributory causes of importance:

Cardio-vascular, Renal lesions  
May 1923

Name of operation None Date of         
What test confirmed diagnosis? Physicist examination Was there an autopsy? No

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? NoIf so, specify       (Signed) David Edmund, M. D.(Address) Camden, Mo.

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.

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

