

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

Do not use this space.

NOV 15 1934

1. PLACE OF DEATH

County Buttington Registration District No. 508
Township _____ Primary Registration District No. 3026
City Chillicothe (No. _____) St. _____ Ward _____

File No. 36592
Registered No. 135

2. FULL NAME Henry Clyde Bennett Jr

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-21-1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 0 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

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) St Louis (STATE OR COUNTRY) Mo

13. NAME Henry C Bennett

14. BIRTHPLACE (CITY OR TOWN) Walnut Ridge (STATE OR COUNTRY) Ark

15. MAIDEN NAME Blauche Motherhead

16. BIRTHPLACE (CITY OR TOWN) De Sola (STATE OR COUNTRY) Mo

17. INFORMANT Henry C Bennett (ADDRESS) Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem DATE Oct-20-1934

19. UNDERTAKER Gas D Gordon (ADDRESS) Chillicothe Mo

20. FILED Oct 15 1934 Donald H. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-17-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1934, to Oct 17, 1934. I last saw him alive on Oct 17, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Tubercular meningitis (acute) Date of onset 9/11/34

Other contributory causes of importance: None

Name of operation Folotory Date of _____

What test confirmed diagnosis Folotory 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 None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) RJ Brennan M. D.
(Address) Chillicothe, 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.

