

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.

WHITE PAPER, WITH OUTLINED INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

MAR 4 1935

4037

1. PLACE OF DEATH

County Shelby Co. Registration District No. 830
Township South River Primary Registration District No. 4503
City Shelbina (No. St. Ward)

2. FULL NAME

Joseph Bennett
(a) Residence, No. Shelbina Mo. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eliza Bennett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6 - 1847</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>7</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min. <u> </u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	
	11. Total time (years) spent in this occupation <u> </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pandora Ill.</u>		
FATHER	13. NAME <u>Not Known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>	
MOTHER	15. MAIDEN NAME <u>Not Known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>	
17. INFORMANT (ADDRESS) <u>Mabel Young</u> <u>Shelbina Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Emhoff & Co.</u> DATE <u>Jan 24</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Brothers Michael (Berkley)</u> <u>Shelbina Mo.</u>		
20. FILED <u>Jan 24</u> 19 <u>35</u> <u>Mrs. P. H. Wailes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-1935

22. I HEREBY CERTIFY, That I attended deceased from 2-7- 1932, to 1-22- 1935
I last saw him alive on 1-22- 1935 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
Atherosclerosis Date of onset About 1900.
Mitral Regurgitation
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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? no.
If so, specify
(Signed) A. M. Hood M. D.
(Address) Shelbina Mo.

4431
48
4231