

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

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.

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

Do not use this space.

6012

MAR 27 1935

1. PLACE OF DEATH

County McDonald  
Township Elk River  
City Southwest City Mo (No. R#1)

Registration District No. 968  
Primary Registration District No. 0.6.P.2

File No. 143  
Registered No. 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Thomas Bennett

(a) Residence, No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 10 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lottie E. Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26th 1853

7. AGE YEARS 81 MONTHS 5 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Rockford  
(STATE OR COUNTRY) Illinois

FATHER 13. NAME Thomas Bennett

14. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Shumway

16. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY)

17. INFORMANT C.K. Bennett  
(ADDRESS) Southwest city Mo #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Scott City Kans DATE Feb 28 1935

19. UNDERTAKER Nichols Brothers  
(ADDRESS) Southwest city Mo

20. FILED 3-2- 1935 J.C. Alexander  
Registrar.

MEDICAL CERTIFICATE OF DEATH 1935

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 26th

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1935 to Feb 26th 1935

I last saw him alive on Feb 26, 1935 Death is said to have occurred on the date stated above, at 8, 23 P.M.

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

apoplexy  
(sudden)  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

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 \_\_\_\_\_, 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) G. W. Paynor, M. D.  
(Address) Southwest City Mo

