

JUN 24 1935

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

Do not use this space.

16946

1. PLACE OF DEATH

County Racine Registration District No. 453
Township Fusscude Primary Registration District No. 5819
City (No. _____) _____ St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Samuel J. 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rebecca Caudle</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 18 1861</u>			
7. AGE <u>74</u>	YEARS	MONTHS <u>1</u>	DAYS <u>28</u>
			If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Renter</u>		
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 1925</u>		
			11. Total time (years) spent in this occupation <u>40</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wright Co. Mo</u>			
FATHER	13. NAME <u>Joe Bennett</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
MOTHER	15. MAIDEN NAME <u>Unknown</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mable Nelson</u> (ADDRESS) <u>Mo. Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>McGinnis Cem</u> DATE <u>May 17</u> 19 <u>35</u>			
19. UNDERTAKER <u>Halmon J. Steward</u> (ADDRESS) _____			
20. FILED <u>May 17</u> 19 <u>35</u> <u>E. R. Nelson</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1935, to May 16, 1935.
I last saw him alive on May 10, 1935. Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:
Chronic Respirator
131
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) L. D. Hartley, M. D.
(Address) _____

Date of onset

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.

31

31

