JUN 27 1935

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

Do not use this space.

17472

File No.

Registered No.

1. PLACE OF DEATH
County Putnam Registration District No. 718
Township Primary Registration District No. 6430
City Unionville (No. St. Ward)

2. FULL NAME Andrew Jackson 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs Kate Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	90	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant (Retired 20 yrs)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) about 20 years ago

11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (CITY OR TOWN) Manchester
(STATE OR COUNTRY) Vermont

FATHER

13. NAME Albert Bennett

14. BIRTHPLACE (CITY OR TOWN) Charleston
(STATE OR COUNTRY) Mass.

MOTHER

15. MAIDEN NAME Hepsy Lyons

16. BIRTHPLACE (CITY OR TOWN) Pohes
(STATE OR COUNTRY) Vermont

17. INFORMANT Miss Byrd Bennett
(ADDRESS) Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Unionville DATE May 19 1935

19. UNDERTAKER Comstock Mercer Co
(ADDRESS) Unionville Mo

20. FILED May 21 1935 W. O. Gillum 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 Jan. 8, 1934, to May 16, 1935

I last saw him alive on May 16, 1935. Death is said to have occurred on the date stated above, at 10 a.m.

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

	Date of onset
Septic Laryngitis	5/9/35
Other contributory causes of importance: Chronic Cystitis & Nephritis for years	

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) Benjamin E Cobb, M. D.

(Address) Unionville 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

1608M-11-24-33