

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

Do not use this space.

42164

**1. PLACE OF DEATH**

County Shelby  
 Township Black Creek  
 City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 831  
 Primary Registration District No. 6092

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

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2-1878

7. AGE YEARS 55 MONTHS 5 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Shelby Co. Mo. (STATE OR COUNTRY)

13. NAME John Bennett

14. BIRTHPLACE (CITY OR TOWN) Penn (STATE OR COUNTRY)

15. MAIDEN NAME Mary Virginia Holliday

16. BIRTHPLACE (CITY OR TOWN) Penn (STATE OR COUNTRY)

17. INFORMANT Kenneth Bennett (ADDRESS) Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL D.O.O.P. Cemetery

PLACE Dec - 27 - '35 DATE

19. UNDERTAKER E. P. Thompson (ADDRESS) Shelbyville, Mo.

20. FILED Dec 26, 1935 Pearl Goe

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1935, to Dec 25, 1935

I last saw him alive on Dec 25, 1935 Death is said

to have occurred on the date stated above, at 9:00 a.m.

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

Coronary Atherosclerosis 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) E. P. Thompson 100

(Address) Bethel, Mo.

