

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.

JUN 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County AndrainRegistration District No. 26

Township

Primary Registration District No. 3902City Mexico Mo(No. Andrain Hospital)File No. 18451Registered No. 96

St. _____ Ward _____

2. FULL NAME Jay-Bennett(a) Residence, No. Mexico Mo

(Usual place of abode)

St. _____

Ward _____

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-15-1899

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

76628

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

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) (STATE OR COUNTRY)

Hutton Mo

FATHER

13. NAME

Cligah Bennett

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

Virginia

MOTHER

15. MAIDEN NAME

Bursay Hissup

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

Virginia's

17. INFORMANT (ADDRESS)

Matthie Coates

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Elmwood

DATE

5-15

1936

19. UNDERTAKER (ADDRESS)

H. A. Reedy & Son20. FILED May 14 - 1936Blanche Neely

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 193622. I HEREBY CERTIFY, That I attended deceased from March 18, 1936, to May 13, 1936I last saw him alive on May 13, 1936. Death is saidto have occurred on the date stated above, at 4:30 m.

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

Myocarditis - Chronic
Hypertensive pneumonia

Date of onset

May 8th

Other contributory causes of importance:

Hypertrophied Prostate (obstruction)
Primary Calculi (bladder)

Name of operation

Removal of prostate & fistulaDate of operation April 28-30

What test confirmed diagnosis?

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) Harry F. Orner

M. D.

(Address) 111 E. Monroe - Mexico Mo.

