MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot — Registration District No. 651 — File No. 7525
Township Little Prairie — Primary Registration District No. 4388 — Registered No. 23
City Caruthersville (No. ..... St. ..... Ward)

2. FULL NAME William Bryan Bennett
(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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): ~~Married~~
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: D. K.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July-21-1902
7. AGE: YEARS 34 — MONTHS 6 — DAYS 21 — If LESS than 1 day, ..... hrs. or ..... min.

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.: River Work
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation: 3

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

FATHER
13. NAME: Hamilton Bennett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wayne Co. Mo

MOTHER
15. MAIDEN NAME: Minnie O'Dell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wayne Co. Mo

17. INFORMANT (ADDRESS): Hamilton Bennett, Caruthersville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Caruthersville Mo DATE Feb 13 1937
19. UNDERTAKER (ADDRESS): J. L. La Forge, Caruthersville, Mo.
20. FILED March 3 1937 Ada Martin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-12 — 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1937, to Feb. 12 1937
I last saw him alive on Feb. 11 1937. Death is said to have occurred on the date stated above, at 1:35 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Laryngeal Tuberculosis | |

Other contributory causes of importance: 23

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) G. W. Phipps, M. D.
(Address) Caruthersville, Mo.

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.

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