

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

Do not use this space.

17100

1. PLACE OF DEATH
 County Newton Registration District No. 6 F4
 Township Granby Primary Registration District No. 4555
 City Granby (No., St. Ward)
 2. FULL NAME Scott 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

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maurie Bennett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1861
 7. AGE YEARS 76 MONTHS April DAYS 37 IF LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15 1937
 22. I HEREBY CERTIFY, That I attended deceased from Apr 12 1937, to Apr 15 1937
 I last saw him alive on Apr 13 1937. Death is said to have occurred on the date stated above, at 2 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
 Date of onset
 Other contributory causes of importance: gla

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 13. NAME Joseph Bennett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia
 15. MAIDEN NAME Patten
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 17. INFORMANT (ADDRESS) Joe Bennett
 18. BURIAL, CREMATION, OR REMOVAL PLACE Newtona DATE April 15 1937
 19. UNDERTAKER (ADDRESS) Georges Funeral Home
Granby Mo
 20. FILED Apr 15 1937 d. E. Adams M.D. Registrar.

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) R. E. Rolan M. D.
 (Address) Granby

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
MOTHER FATHER

31
22
22

73
2
6

