JUN 17 1937

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

Do not use this space.

19753

1. PLACE OF DEATH

County Cedar   Registration District No. 163   File No.

Township   Primary Registration District No. 4095   Registered No. 36

City El Dorado Spgs mo No.   St.   Ward)

2. FULL NAME Ulysses Grant Bennett

(a) Residence, No. _____ St., _____ Ward.
(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.

(If nonresident, give city or town and State)

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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1864

7. AGE   YEARS 73   MONTHS ___   DAYS ___   If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

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

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) Cairo, Ill

FATHER

13. NAME Nat Kerans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Personal Papers

18. BURIAL, CREMATION, OR REMOVAL PLACE Clintonville DATE May 18, 1937

19. UNDERTAKER (ADDRESS) Mofses Funeral Home El Dorado Spgs mo

20. FILED 5-18-1937 J.W. Dawson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19___, to _____, 19___.

I last saw h___ alive on _____, 19___. Death is said to have occurred on the date stated above, at 9a m.

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

Death from natural Cause

Probably Cerebral Apoplexy

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) W. Lewis Coroner, M.D.

(Address) El Dorado Spgs. mo