JUN 22 1937

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

Do not use this space.

20329

1. PLACE OF DEATH

County Jackson — Registration District No. 403 — File No.

Township BROOKING — Primary Registration District No. 5557 — Registered No.

City ~~Raytown~~ (No. 5538 Raytown Road St. Ward)

2. FULL NAME Willis Edward Bennett

(a) Residence, No. 5538 Raytown Road St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
34	66	10	20	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Ice Co.

10. Date deceased last worked at this occupation (month and year) May 10, 1937

11. Total time (years) spent in this occupation 15 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) March Mo.

FATHER

13. NAME James Bennett

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

MOTHER

15. MAIDEN NAME Sarah James

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

17. INFORMANT (ADDRESS) Mrs. Rosa F. Bennett 5538 Raytown Road

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Floral Hills DATE May 29, 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons K.C. Mo.

20. FILED May 29 1937 D M Eubank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-27-37, to 5-27-37

I last saw him alive on 5-27, 1937 Death is said to have occurred on the date stated above, at 9:45 P.m.

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

	Date of onset
Coronary Occlusion with Myocardial failure	5/27

94B

Other contributory causes of importance:

Coronary Occlusion	5/27

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) F. L. Laffoon, M. D.

(Address) Raytown Mo.

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.

Rialto Bldg.

Vi 2443