

DEC 2 1937

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

*W. H. Brown*  
Do not use this space.

1. PLACE OF DEATH

County *Macon*

Registration District No. *533*

File No. *41829*

Township

Primary Registration District No. *3027*

Registered No. *86*

City *Macon*

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME

*Spring F. Bennight*

(a) Residence No. \_\_\_\_\_

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)

*married*

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

*Deena Lee Bennight*

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

*NOV 29 - 1877*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

*65*

*11*

*10*

OCCUPATION

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

*Miner*

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)

*Corsepana Texas*

13. NAME

*William Bennight*

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

*Texas*

15. MAIDEN NAME

*Don't know*

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

*TX TX*

17. INFORMANT (ADDRESS)

*Mildred Bennight Macon Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Calwood Cem* DATE *Nov 11 1937*

19. UNDERTAKER (ADDRESS)

*Albert Skinner Macon*

20. FILED

*12/9 1937 Geo. Newton Registrar.*

MEDICAL CERTIFICATE OF DEATH

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

*Nov 9 1937*

22. I HEREBY CERTIFY, That I attended deceased from

*Nov 7 1937 to Nov 9 1937*

I last saw him alive on *Nov 9 1937* Death is said

to have occurred on the date stated above, at *6:45 P.M.*

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

*Pneumonia (left) lower lobe*

Other contributory causes of importance:

*Proctocolitis*

Name of operation *Clinical* Date of \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) *W. H. Brown* M. D.

(Address) *Macon 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.

*61 7 4*

*16 2 2 31*

*2 1*

*NOV 5 1937 24 yrs 7 mos 27*

