JAN [illegible]

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

Do not use this space.

1. PLACE OF DEATH
County BUCHANAN — Registration District No. 85 — File No. 44799
Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 1404
City ST. JOSEPH, (No. MISSOURI METHODIST HOSPITAL St. Ward)

2. FULL NAME LAWRENCE BRADSHAW BENNETT, JR
(a) Residence, No. 1907 MITCHELL 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

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): INFANT
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: SINGLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 20, 1937.
7. AGE: YEARS 0 — MONTHS 0 — DAYS 2 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NONE
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): ST. JOSEPH, MISSOURI.

FATHER
13. NAME: LAWRENCE BRADSHAW BENNETT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): FT. MORGAN, COLORADO,

MOTHER
15. MAIDEN NAME: LORRAINE SULLINGER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ALBANY, MISSOURI.

17. INFORMANT (ADDRESS): LAWRENCE BENNETT, 1907 MITCHELL, ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Albany, Mo. DATE DEC. 23, 1937
19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.
20. FILED 12/23 1937 H J Matthews Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): DEC. 22, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1937, to 12-22, 1937
I last saw him alive on 12-22, 1937. Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured skull with haematoma from delivery | 12-20-37 |
| Jan over assified skull | |

Other contributory causes of importance: Shock

16 C 13

Name of operation Delivery Date of
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 12-20, 1937
Where did injury occur? Birth canal (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No Methodist Hosp
Manner of injury Forcey delivery
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Thomas Redmond, M. D.
(Address) 302 P. S. Bldg.

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.