

JAN 25 1938

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

Do not use this space.

46039

~~47055~~

1. PLACE OF DEATH

County Wayne

Registration District No. 893

Township Cellar Creek

Primary Registration District No. 6195A

City Lodi

(No. _____)

St. _____

Ward _____

2. FULL NAME

Larkin Cyrus 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

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

Silva Bennett

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

6-13-1910

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

20

5

14

OCCUPATION

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

Machinist

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

60

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)

Waffelo Mo.

FATHER

13. NAME

Larkin B. Bennett

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

Wayne Co. Missouri

MOTHER

15. MAIDEN NAME

Mamie Kile

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

Kentucky

17. INFORMANT (ADDRESS)

Larkin B. Bennett
Lodi Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lodi Mo

DATE

Nov 29 1936

19. UNDERTAKER (ADDRESS)

Croy Funeral Home
Greenfield Mo

20. FILED

1-3

1938

J. F. Ganssler
Registrar

MEDICAL CERTIFICATE OF DEATH

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

11-27-1936

22. I HEREBY CERTIFY, That I attended deceased from

11/1, 1936, to 11/27, 1936

I last saw him alive on 11/27, 1936 Death is said

to have occurred on the date stated above, at 2 P.m.

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

Typhoid F

Date of onset

10/25/36

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) O. D. Meyer, M. D.

(Address) Greenfield, Mo.

