

REC'D MAR 15 1938

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

Do not use this space.

6219

 File No. _____
 Registered No. 49 St. _____ Ward _____

 1. PLACE OF DEATH
 County Butler Registration District No. 89
 Township Poplar Bluff Primary Registration District No. 3007
 City Poplar Bluff (No. Brandon Hoop) St. _____ Ward _____
 2. FULL NAME Dr. Harry Downing Bennie
 (a) Residence, No. Draylar, Mo. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alicia Rena Bennie
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25, 1863
 7. AGE YEARS 75 MONTHS 0 DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.

 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
 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) 1930 11. Total time (years) spent in this occupation 29
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jettetts, Missouri13. NAME Alexander Bennie14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glossary, Scotland15. MAIDEN NAME Fansie McMillin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glossary, Scotland17. INFORMANT Herbert C. Bennie (ADDRESS) 6226 Oakland, St. Louis, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Draylar Cem DATE Feb. 26, 193819. UNDERTAKER Minnie Fish (ADDRESS) _____20. FILED 2/26/38 W. H. Utzinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1938I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1938 to Feb. 23, 1938I last saw him alive on Feb. 23, 1938 Death is saidto have occurred on the date stated above, at 11:40 a.m.

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

Uremic coma Date of onset 2/21/38131 -

Other contributory causes of importance:

Chronic nephritis 9/1/37

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? No

If so, specify _____

(Signed) H. L. Brandon M. D.89 (Address) Poplar Bluff, 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.

