

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

Do not use this space.

REC'D AUG 26 1938

1. PLACE OF DEATH

County Ozark
 Township Blue Springs
 City Blue Springs (No. 1)

Registration District No. 645
 Primary Registration District No. 5854

File No. 26102
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Simon H. 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>9</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 13, 1862</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>3</u>	DAYS <u>16</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Gardener</u>	
	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 <u>19</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
FATHER	13. NAME <u>Dout Knaut</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dout Knaut</u>	
MOTHER	15. MAIDEN NAME <u>Dout Knaut</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dout Knaut</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Bennett</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kansas City</u> NO. _____ DATE <u>7/30</u> 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>Ozark Funeral Home</u> <u>Blue Springs</u>		
20. FILED <u>7/30</u> 19 <u>38</u> <u>J. J. White</u> Regis. <u>MA 599</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1938

22. I HEREBY CERTIFY, That I attended deceased from July 17 1938 to July 29 1938
 I last saw him alive on July 27 1938. Death is said to have occurred on the date stated above, at 4:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Chronic Prostatitis

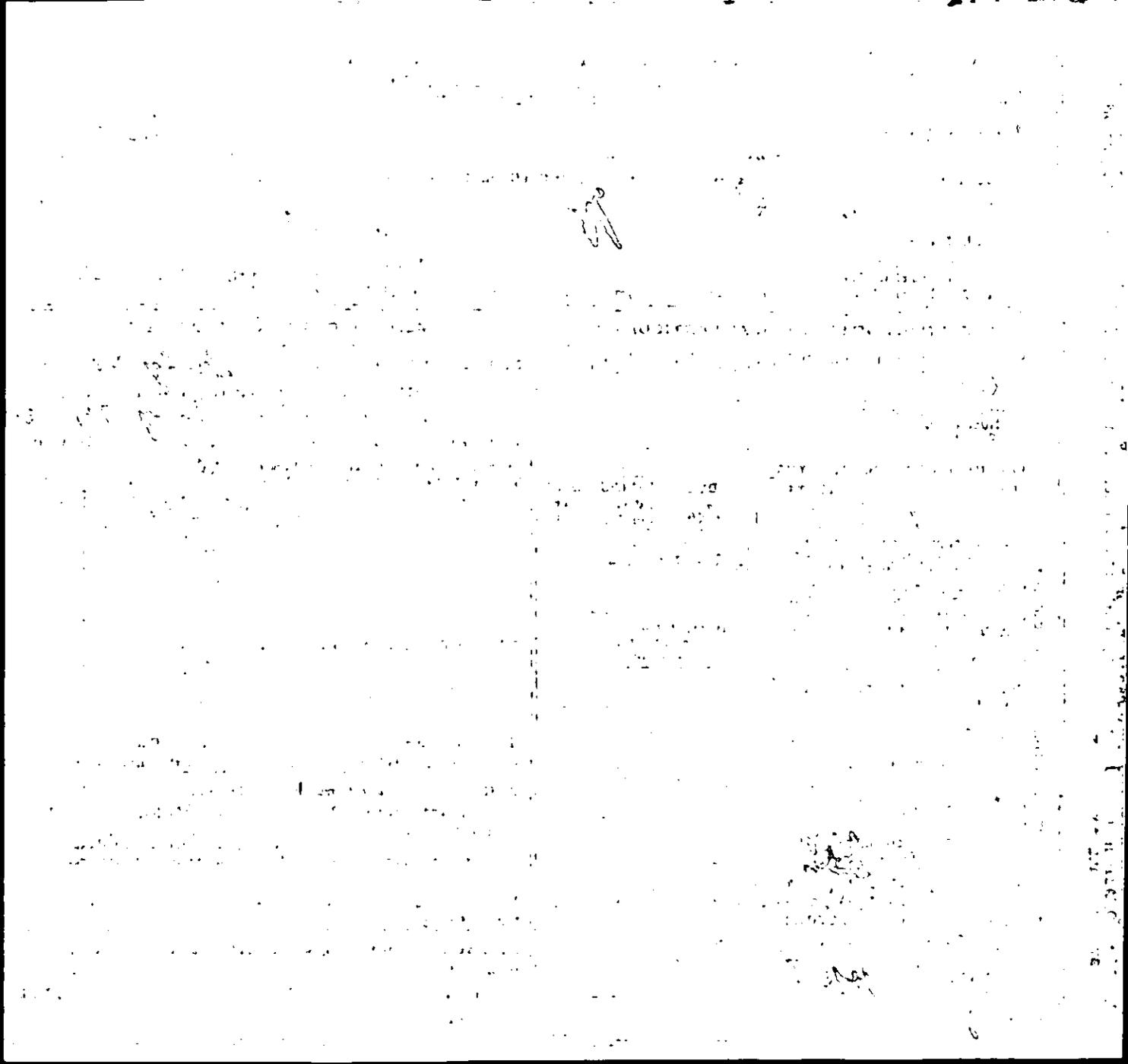
Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1938
 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) C. A. Brack, M. D.
Elijah M.O.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26102

Do not use this space.

1. PLACE OF DEATH

(a) County Ozark Registration District No. 645
 (b) Township Bridges Primary Registration District No. 2854
 (c) City..... (d) Street No..... St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Simson Bennett

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married, husband

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 3 16

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

Date of onset

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

Other contributory causes of importance:

FATHER 13. NAME

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19____.

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

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....
 Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify

19. FUNERAL DIRECTOR (ADDRESS)

(Signed) C. A. Beach, M. D.
 (Address) Elizabethton

20. FILED 7/30 1938 J. T. White Local Registrar

SUPPLEMENTARY

REGISTRATION FEE ALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. This is essential for ensuring the integrity of the financial statements and for providing a clear audit trail.

2. The second part of the document outlines the various methods used to collect and analyze data. These methods include direct observation, interviews, and the use of statistical techniques.

3. The third part of the document describes the results of the study. The findings indicate that there is a significant correlation between the variables being studied, and that the data supports the hypotheses.

4. The fourth part of the document discusses the implications of the findings. These implications are both theoretical and practical, and they provide valuable insights into the field of study.

5. The fifth part of the document concludes the study and provides a summary of the key findings. It also identifies areas for further research and suggests potential future studies.

6. The sixth part of the document provides a detailed analysis of the data. This includes a breakdown of the results by category and a discussion of the statistical significance of the findings.

7. The seventh part of the document discusses the limitations of the study. These limitations include the sample size, the methodology used, and the potential for bias.

8. The eighth part of the document provides a final summary of the study and its contributions to the field. It emphasizes the importance of the findings and the need for continued research in this area.