

DECD SEP 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 4
Township Centon Primary Registration District No. 5005
City Kirksville (No. _____, _____ St. _____ Ward)

File No. 28172
Registered No. 159

2. FULL NAME Bruce C Bennett, Eureka, Illinois

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6/13/1913</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>2</u>
		DAYS <u>23</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>Student</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>K.C.O.S.</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Annawan, Illinois
(STATE OR COUNTRY)

13. NAME Earle Bennett

14. BIRTHPLACE (CITY OR TOWN) Flanigan, Illinois
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Ethel Cushing

16. BIRTHPLACE (CITY OR TOWN) Minock, Illinois
(STATE OR COUNTRY)

17. INFORMANT Earle Bennett
(ADDRESS) Eureka, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eureka, Ill. DATE 9/7/38

19. UNDERTAKER Dee Riley
(ADDRESS) Kirksville, Mo.

20. FILED Sept. 7, 1938 Spencer L. Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6-1938

22. I HEREBY CERTIFY, That I attended deceased from death on my arrival, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at about 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Broken neck Date of onset _____
210 M
27

Other contributory causes of importance:
auto accident
(unavoidable)
Mrs. Bennett was in a car.

Name of operation _____ 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? accident Date of injury 9-6-1938
Where did injury occur? on Highway #11 west of Kirkville, Mo. Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway #11, U. Passenger
Manner of injury auto wreck
Nature of injury broken neck

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) L. D. Davis, D.O. Coroner
(Address) Kirkville, Mo.

2/10/12

FILL IN SPACES
CHECKED IN RED PENCIL.

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

28172
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township Benton Primary Registration District No. 5005 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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 Bruce C Bennett

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>25</u>	MONTHS <u>2</u>	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19__				
19. FUNERAL DIRECTOR (ADDRESS)				
20. FILED _____ 19__				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6 1938

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

I last saw h. _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Broken neck
collision with fixed object
21010

Other contributory causes of importance:
Auto accident
unavoidable
Mr. Bennett was in a car

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) C. P. Davis, Coroner H. D. U.
 (Address) Fairsville Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Local Registrar.

1938

S-28172