

REC'D JAN 23 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County Wayne  
Township St. Francois  
City Greenville, Mo.

Registration District No. 890Primary Registration District No. 4034File No. 44799

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Francis Clayton 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 OFBertha Bennett,6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2, 1894.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.44412

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Farmer9. 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.....MOTHER  
FATHER12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Missouri

13. NAME

John H. Bennett,14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Missouri.

15. MAIDEN NAME

Lucinda Duncan,16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Missouri.

17. INFORMANT

(ADDRESS)

Bertha Bennett  
Williamsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bounds Creek Cemetery, May 15, 1938

19. UNDERTAKER

(ADDRESS)

Yates and Co.  
Piedmont, Mo

20. FILED

\_\_\_\_\_

19

3825Sample

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

May 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 13, 1938, toMay 14, 1938I last saw h. in alive on May 13 - , 1938 Death is saidto have occurred on the date stated above, at 2:30 A. m.

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

Acute Alcoholism

Date of onset

Other contributory causes of importance:

75

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).....

Geo F Wagner, M. D.  
Greenville, Mo

(Address).....

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.

