

REC'D FEB 20 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City, Mo. (No. 1515 Bennington Ave.)File No. 1289  
Registered No. 302 St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME Isaac Bennett(a) Residence, No. 1515 Bennington 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.

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)

Widowed

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

Susan

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

7/11/1843

## 7. AGE

YEARS

MONTHS

DAYS

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

95614

## OCCUPATION

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

Farmer

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

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

Wisca

## FATHER

## 13. NAME

Richard Bennett

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

No record

## MOTHER

## 15. MAIDEN NAME

No record

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

No record

## 17. INFORMANT

Mrs. L. Epperson

(ADDRESS)

1515 Bennington

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Amsterdam, Mo.DATE 1/26/38

## 19. UNDERTAKER

(ADDRESS)

Smith Funeral Home  
6166 - Niagara

## 20. FILED

Jan 25 1939 M. M. Crowe  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25-39, 19

22. I HEREBY CERTIFY, That I attended deceased from

to \_\_\_\_\_, 19

I last saw him \_\_\_\_\_, 19

Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Date of onset

Chronic myocarditis930

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) Victor H. Huber, M. D.(Address) Sanit Hosp, K.C. 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.

