NOV 26 1935

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

Do not use this space.

33671

1. PLACE OF DEATH
County: Polk
~~Township~~ McFarlin
City: Adonia (No. ..... St. ..... Ward)

Registration District No.: 708
Primary Registration District No.: 5937a

File No.: 
Registered No.: 19

2. FULL NAME: Jesse Lartin Bennet

(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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Talitha Bennet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 12-1863

7. AGE: Years 72 | Months 1 | Days 15 | If LESS than 1 day, ..... hrs. or ..... min.

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): Polk Co Mo

FATHER
13. NAME: Lartin Bennet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Polly Ann Payne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT: Raymond Bennet
(ADDRESS) Adonia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Payne DATE: Oct 28 1935

19. UNDERTAKER: Hutchison-Blue
(ADDRESS) Bolivar Mo

20. FILED: Oct 30 1935 Mal Gunnwalt
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1935, to 10-29, 1935
I last saw h~~im~~ alive on 10-25, 1935. Death is said to have occurred on the date stated above, at 1:50 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio vascular renal disease | 1934 |

Other contributory causes of importance:

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) Loyd C McCrary, M. D.
(Address) Bolivar Mo

McCraw