

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

JUL 16 1936

22053

1. PLACE OF DEATH
 County Deshau Registration District No. 85
 Township St. Joseph Mo Primary Registration District No. 1001
 City St. Joseph Mo (No. State Hospital #2.) State Hospital #2. File No. _____
 Registered No. 822 Ward _____

2. FULL NAME Jacob Bennett
 (a) Residence, No. Jamesport Mo. Ward. Jamesport Mo.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Not Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown, 1898

7. AGE YEARS 38 MONTHS 0 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splinner, 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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT State Hospital Records (ADDRESS) St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital Cem. DATE June 22, 1936

19. UNDERTAKER Walter Meierhoffer (ADDRESS) 1302 Farson St. St. Joseph, Mo.

20. FILED June 22 1936 St. Joseph Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1936

22. I HEREBY CERTIFY (That I attended deceased from Sept 25, 1936, to June 17, 1936)
 I last saw him alive on June 17, 1936 Death is said to have occurred on the date stated above, at 8:30 m.
 The principal cause of death and related causes of importance were as follows:
Diabetes Date of onset _____

Other contributory causes of importance:
Chronic Myocarditis

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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? No.
 If so, specify _____
 (Signed) J. R. Burch, M. D.
 (Address) State Hospital #2
St. Joseph, Mo.

184 2 2

184 2 2