JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Grundy
Township
City Trenton (No. ..... St. ..... Ward)

Registration District No. 328
Primary Registration District No. 3017

File No. 45464
Registered No.

2. FULL NAME Forrest Daniel 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23, 1921

7. AGE: YEARS 16 | MONTHS 3 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Earl Bennett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Fern Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Earl Bennett Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Grove DATE 12-14-1937

19. UNDERTAKER (ADDRESS) Gepson Mortuary

20. FILED 12-13 1937 Irene D Fair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 Dec 1937

22. I HEREBY CERTIFY, That I attended deceased from 8 Dec 1937 to 12 Dec 1937
I last saw him alive on 12 Dec 1937 Death is said to have occurred on the date stated above, at 6 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	8 Dec

Other contributory causes of importance:

Name of operation O Date of
What test confirmed diagnosis? Eruption Was there an autopsy? No

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) E. A. Duffy, M. D.
(Address) Trenton Mo.

N. ... item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.