

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

Do not use this space.

1783

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 5430 Michigan)

File No. \_\_\_\_\_  
Registered No. 471  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Matt Bennett

(a) Residence, No. 5430 Michigan St. \_\_\_\_\_ Ward \_\_\_\_\_

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1937, to Jan 27, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1868

I last saw him alive on Jan 20, 1938 Death is said to have occurred on the date stated above, at 1:30 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 4 1

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

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

Cerebral arteriosclerosis secondary to primary arteriosclerosis  
Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeffersonville, Indiana

Other contributory causes of importance: None

13. NAME Wiley Bennett

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Autopsy Was there an autopsy? \_\_\_\_\_

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

15. MAIDEN NAME Sarah Lutz

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Mrs. J. G. Scanlon (ADDRESS) 5430 Michigan

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 1-31-38, 19\_\_\_\_

19. UNDERTAKER Quirk & Tobin Company (ADDRESS) Kansas City, Missouri

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) P. J. Curran, M. D.  
(Address) 1637 Kessler, New City, Mo.

20. FILED Jan 30, 1938 M. M. Corone Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 10 1938

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