

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

PLACE OF DEATH  
County Mullensburg  
Vol. Fol. # 21  
Inc. Town Central City  
City (No. .... St., .... Ward)

Registration District No. 872  
Primary Registration District No. 2435

File No. 2188  
Registered No. 37

[If death occurred in a hospital or institution, give its NAME (instead of street and number.)

Full Name H. A. Bennett

**PERSONAL AND STATISTICAL PARTICULARS**

1 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWER OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH ..... 1 .....  
(Month) (Day) (Year)

7 AGE About 40 yrs. .... mos. .... ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Travelling Salesman  
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Dart Cross

PARENTS  
10 NAME OF FATHER " "  
11 BIRTHPLACE OF FATHER (State or country) " "  
12 MAIDEN NAME OF MOTHER " "  
13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) .....  
(Address) .....

15 Filed 1/14/21 1921 A. L. Blanford  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Nov 12 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 191....., to....., 191....., that I last saw h..... alive on....., 191..... and that death occurred on the date stated above at...... The CAUSE OF DEATH\* was as follows:  
gun shot inflicted by his own hand

..... (Duration) ..... yrs. .... mos. .... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds.  
(Signed) A. R. East 1/14/21 Central City  
..... (Address) .....

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death? .....  
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Jacksonville, Fla. DATE OF BURIAL 1/14/21  
20 UNDERTAKER Martin Moore ADDRESS Central City

MARGIN RESERVED FOR NUMBER

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

B. E.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.