

PLACE OF DEATH

Washington State Board of Health

County of King

Record No. _____

City or Town of Kirkland

BUREAU OF VITAL STATISTICS

Registered No. 49

CERTIFICATE OF DEATH

Registration Dist. No. M-6 No. _____ St. 608 Ward _____

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

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.

PLACE OF RESIDENCE: State _____ County _____
(If not same as place of death)CITY OR TOWN Kirkland No. _____ Street _____FULL NAME Justin Titus Bennett 02-530-3X-8V

PERSONAL AND STATISTICAL PARTICULARS

1. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced Married2. HUSBAND or WIFE of Mrs. Myrtle H. Bennett3. DATE of BIRTH (month, day, and year) Feb 28 -18744. Age 61 Years 6 Months 12 Days If LESS than 1 day, _____ hrs. or _____ min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Base Ball7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coach.

8. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

9. BIRTHPLACE (city or town) Ponca Nebraska
(State or country)10. NAME Silas Every Bennett11. BIRTHPLACE (city or town) Cattaraugus N.Y.
(State or country)12. MAIDEN NAME Martha Titus13. BIRTHPLACE (city or town) Panesville
(State or country) Ohio14. INFORMANT Mr. C.A. Bennett
(Address) Portland Ore.15. BURIAL, CREMATION, OR REMOVAL
Place Cremation Date 9-14, 193516. UNDERTAKER Sessions Mortuary
(Address) Kirkland Wash.17. FILED 9-14-35 W.H. Wickkamp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at 1:35 P.M.
The principal cause of death and related causes of importance in order of onset were as follows: 955Acute Dilatation of the Heart
Hypertrophy of Heart
Contributory causes of importance not related to principal cause: _____Name of operation _____ Date of _____
What test confirmed diagnosis? clin Was there an autopsy? No23. 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) John E. Wessner, M.D.
(Address) 109 C. B. Road
Dumby Casan