

death cert of James I Bennett

Photos for Gibson Kieliszewski Family Tree



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STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Boss Registration District No. 5726 File No. 58014
Township Franklin Primary Registration District No. 17
or Village _____ No. _____ St. _____ Ward _____
(if death occurred in a hospital or institution, give its NAME instead of street and number)
or City of _____

2 FULL NAME James I. Bennett
(a) Residence. No. _____ St. _____ Ward _____
(Use place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if foreign born yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married
6 DATE OF BIRTH (month, day, year) June 28 - 1850
7 AGE Years 69 Months _____ Days _____ If less than 1 day, hrs. or min. _____
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

9 BIRTHPLACE (city or town) (State or country) Ohio
10 NAME OF FATHER Peter Bennett
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio
12 MAIDEN NAME OF MOTHER Elizabeth Wright
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio
14 Informant (Name and Address) George Smith
15 Date Sept 29, 1919 Registrar Philip Leonard

16 DATE OF DEATH (month, day, year) Sept 29 1919
17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1919, to Sept 29, 1919, and that I last saw him alive on Sept 20, 1919, and that death occurred, on the date stated above, at 4800
The CAUSE OF DEATH* was as follows:
a appendiceal abuse
18 Where was disease contracted (duration) _____ yrs. _____ mos. _____ ds. 26
CONTRIBUTORY Refused to be operated
19 Where was disease contracted (duration) _____ yrs. _____ mos. _____ ds. _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? Cholesterol
(Signed) J. S. ... M.D. (Address) Chillicothe
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)
20 PLACE OF BURIAL, CREMATION, OR REMOVAL Three Locks, Conn DATE OF BURIAL Oct 1 1919
21 UNDERTAKER, License No. _____ ADDRESS C. J. Ware Chillicothe O

William Gibson added this on 22 Nov 2010

Category Type: Portrait / Family Photo

joshk199 originally submitted this to [my tree](#) on 21 Nov 2010