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

MAY 25 1927

Do not use this space.

11078

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, Mo. (No. 3001 North 3rd Street St. Ward)

File No. — Registered No. 426

2. FULL NAME John P. Benjamin
(a) Residence. No. 2001 North Third Street St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. McCullough

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 30, 1843

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
83	3	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Avondale,
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Daniel B. Benjamin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York City
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Ammy Shaw
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) New York

14. INFORMANT Mrs. J. L. Norman,
(Address) 3001 North 3rd Street

15. FILED APR 23 1927 John G. Ut REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1927

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1927, to Apr 22, 1927 that I last saw him alive on Apr. 18, 1927, and that death occurred, on the date stated above, at 9:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Hypertension

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. Zoethgebe M. D.
Apr 22, 1927 (Address) 104 S. Bldg

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cameron, Missouri — DATE OF BURIAL April 24, 1927
20. UNDERTAKER Fleman-Faris — ADDRESS 1208 Francis

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

THIS IS A PERMANENT RECORD