

JUL 27 1927

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

Do not use this space.

18605

1. PLACE OF DEATH

County Jasper Registration District No. 44  
Township Jasper Primary Registration District No. 2002  
City Jasper (No. St. John Ward)

File No. \_\_\_\_\_  
Registered No. 307  
St. \_\_\_\_\_ Ward)

2. FULL NAME

John A. Benton  
(a) Residence No. 718 St. \_\_\_\_\_ Ward.

(Usual place of abode) \_\_\_\_\_ (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 57 yrs. mo. da. How long in U.S., if of foreign birth? yrs. mo. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

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

Josephine Benton

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

1-9-1842

7. AGE

YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
75 5 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Store Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) Essex Store  
(c) Name of employer M. F. Snyder

9. BIRTHPLACE (CITY OR TOWN)

Boonville Mo  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER

William Benton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Boonville Mo  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER

Josephine Benton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Boonville Mo  
(STATE OR COUNTRY) Mo

14. INFORMANT

W. H. Benton  
(Address) Neesho Mo

15. DATE OF DEATH

June 27, 1927  
REGISTRAR W. H. Benton

MEDICAL CERTIFICATE OF DEATH

3

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

June 23, 1927

17.

I HEREBY CERTIFY, That I attended deceased from Boonville Mo June 23, 1927 to June 23, 1927, and that I last saw him alive on June 23, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_ 3:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

debility following surgery  
137  
102

CONTRIBUTORY (SECONDARY)

Debility  
(duration) 7 yrs. mo. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Boonville Mo

1 DID AN OPERATION PRECEDE DEATH?

yes DATE OF June 21, 1927

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS

Clinical  
(Signed) W. H. Benton, M. D.  
, 19 (Address) Neesho Mo

\*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

Graves Cemetery DATE OF BURIAL June 25, 1927

20. UNDERTAKER

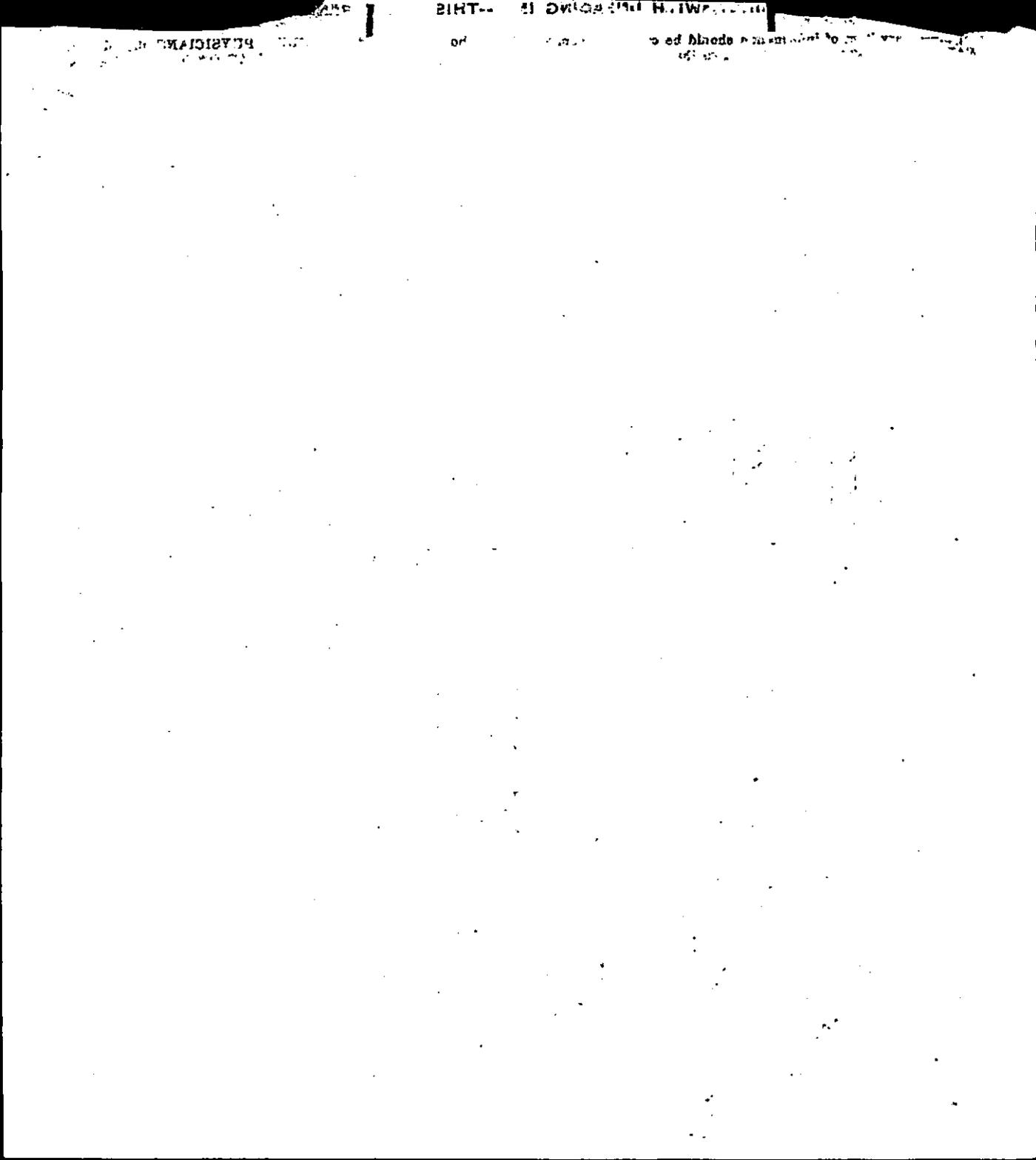
J. A. Nutman ADDRESS Boonville Mo

ONLY, WITH UNFADING INK---THIS IS A PERMANENT

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.

PHYSICIAN

of ed blood



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Jasper Registration District No. 441 File No. ....  
 Township Joplin Primary Registration District No. 2001 Registered No. ....  
 City Joplin (No. ....) St. .... Ward)

**2. FULL NAME**

(a) Residence No. John A. Benton St. .... Ward. ....  
 (Usual place of abode) (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**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Wid.  
(write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
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**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work .....  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

**14.**

INFORMANT (Address)

**15.**

FILED ..... 19..... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1927

17. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19..... that I last saw him ..... 19..... and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Difficult following surgery  
of prostatic  
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH...  
 DID AN OPERATION PRECEDE DEATH? DATE OF .....  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS? .....  
 (Signed) ..... M. D.  
 , 19 (Address)

\*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

WRITE IN UNFADING INK-- THIS IS A PERMANENT RECORD

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-18605