

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

Do not use this space.

20314

**1. PLACE OF DEATH**

County Saline Co  
Township \_\_\_\_\_  
City Marshall Mo

Registration District No. 796  
Primary Registration District No. 3038

File No. \_\_\_\_\_  
Registered No. 84  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ben Middleton

(a) Residence. No. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 56

**8. OCCUPATION OF DECEASED**

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

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

**PARENTS**  
10. NAME OF FATHER Lollie Middleton  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Mary Lee  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Saline Co Mo  
(STATE OR COUNTRY)

14. INFORMANT Fannie Middleton  
(Address) Marshall, Mo

15. FILED 6/17/27 W. H. Manning  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1927

17. I HEREBY CERTIFY, That I attended deceased from May 2 1927, to June 13 1927 that I last saw him alive on June 13 1927 and that death occurred, on the date stated above, at 6:30 P.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Valvular Heart Disease  
(Chronic)

92 P.  
900  
(duration) yrs. mos. da. 1 mos 11 da.  
CONTRIBUTORY (SECONDARY) 900  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: Marshall Mo.

19. DID AN OPERATION PRECEDE DEATH: No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY: No  
WHAT TEST CONFIRMED DIAGNOSIS: Physiopath. Exam.  
(Signed) W. H. Manning, M. D.  
June 16 1927 (Address) Marshall 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 Farmview Cemetery DATE OF BURIAL June 16 1927

20. UNDERTAKER R Robbins ADDRESS Marshall Mo

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.

