

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

Do not use this space.

26264

1. PLACE OF DEATH
 County Stoddard Registration District No. 840
 Township Duck Creek Primary Registration District No. 6187
 City (No. _____) _____ St. _____ Ward _____

File No. _____
 Registered No. 40

2. FULL NAME Jessie Forest Glen Benson
 (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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. ____ min.
0 4 5

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) Purico, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Joseph Benson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Jane Eudy
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

14. INFORMANT Nelle Benson
 (Address) Purico, Mo.

15. Aug 25 1927 E L Hope
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/25 1927

17. I HEREBY CERTIFY, That I attended deceased from 8/20 to 8/25 1927
 that I last saw him alive on 8/24 1927, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial
infarction
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 135-160
 (duration) _____ yrs. _____ mos. _____ ds.

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

18. DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

18. WAS THERE AN AUTOPSY: _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Page M. D.
Box 17 (Address) Purico, 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 Duck Creek Cemetery DATE OF BURIAL 26 1927

20. UNDERTAKER Hickman White ADDRESS Purico, 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.

