

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

Do not use this space.

1. PLACE OF DEATH

County Grundy
Township _____
City Trenton (No. _____)

Registration District No. 330
Primary Registration District No. 3017

File No. 4678
Registered No. _____
St. _____ Ward _____

2. FULL NAME Robert Carnes Benson

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 21-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
61 | 10 | 27

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

9. BIRTHPLACE (CITY OR TOWN) Trenton, Grundy Co. Missouri
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Frank Benson

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

12. MAIDEN NAME OF MOTHER Lucinda Wisdor

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

14. INFORMANT Oscar Benson
(Address) Trenton Mo.

15. FILED Feb 20 1928 E. A. Duffey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1928

17. I HEREBY CERTIFY That I attended deceased from 17 Feb 1928 to 17 Feb 1928 that I last saw him alive on 17 Feb 1928, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* IS AS FOLLOWS:
Broncho Pneumonia

(duration) yrs. mos. ds. 20 ds.

CONTRIBUTORY (SECONDARY) Mitral Insuff.
(duration) yrs. mos. ds. usual

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? Phys. signs
(Signed) E. A. Duffey, M. D.
20 Feb 1928 (Address) Trenton 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 Edg. Fellow DATE OF BURIAL 2/18 1928

20. UNDERTAKER Gipson Funeral Co ADDRESS Trenton 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.

1928

