

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

Do not use this space.

16214

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.

203  
JUL 8 PLACE OF DEATH  
County Buchanan Registration District No. 85  
Township Washington Primary Registration District No. 1001 File No. \_\_\_\_\_  
City Jefferson (No. State Hospital #2) Registered No. 604 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James P. Benson  
(a) Residence, No. Wallace, Mo. 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 3 28

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

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

10. NAME OF FATHER William Renfrow

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

12. MAIDEN NAME OF MOTHER Unknown

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1928

17. I HEREBY CERTIFY That I attended deceased from May 4, 1928, to May 10, 1928 that I last saw him alive on May 9, 1928, and that death occurred, on the date stated above, at 11:50 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
General exhaustion of vitality  
164 (duration) yrs. mos. ds. 14

CONTRIBUTORY (SECONDARY) None  
Unknown (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? No

WHAT TEST CONFIRMED DIAGNOSIS? Physiologist  
(Signed) T. A. G. [Signature] (M. D.)

\*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.

14. INFORMANT Mrs. J. M. Blevins  
Address 1305 North 3<sup>rd</sup> Street

15. FILED 11 1928 REGISTRAR J. M. [Signature]

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Halleck Cemetery DATE OF BURIAL May 13 1928

20. UNDERTAKER E. R. Sidenfader ADDRESS 602 South 10<sup>th</sup> St

