JUL 24 1928

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

Do not use this space.

19992

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 786
City St. Joseph, (No. 2324 South 19th. St. Ward)

2. FULL NAME Samuel Daily Benight,
(a) Residence. No. 2324 South 19th. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 35 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): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret A. Benight,
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28, 1861
7. AGE: Years 67, Months 1, Days 23, If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cement Contractor,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self.
9. BIRTHPLACE (CITY OR TOWN) Andrew County,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Waite Benight,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) West Virginia,
12. MAIDEN NAME OF MOTHER Melissa Daily,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Indiana,

14. INFORMANT Mrs Margaret A. Benight
(Address) 2324 South 19th. Street.
15. FILED JUN 21 1928 19 John G. Nz REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21, 1928
17. I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to June 21, 1928, that I last saw him alive on June 21, 1928, and that death occurred, on the date stated above, at 5:35 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: from Hemorrhage of Stomach
Ulcer of Stomach
117A
118L
(duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) 111 W 2
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Charles H. Werner, M.D
June 21, 1928 (Address) 315 Kirkpatrick Bldg

*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: Mount Mora Cemetery — DATE OF BURIAL: June 23 1928
20. UNDERTAKER: Heaton-Belsole-Downing — ADDRESS: 319 S. 10 St. Funeral Home

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.

WHITE PLANET, WITH UNFADING INKLETTS IS A PERMANENT RECORD