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

Do not use this space.

30577

1. PLACE OF DEATH U.S.V.Hosp. #67
County Jackson — Registration District No. 399 — File No. 5828
Township Kaw — Primary Registration District No. 1002 — Registered No. 5828
City Kansas City, Mo. (No. U.S. Veterans Hosp. St. ..... Ward)

2. FULL NAME WIGHT, Benjamin Harrison — C-1 439 048 USVB
(a) Residence. No. Bartley, Nebraska St., ... Ward. Pvt. Bat C CAC 52 Reg.
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Wight

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-15-1889

7. AGE: Years 38 — Months 9 — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED 85
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bartley
(STATE OR COUNTRY) Nebraska

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Hospital Records. Vet. Hosp.
(Address) Kans. City, Mo

15. FILED 9/16, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 15 1928

17. I HEREBY CERTIFY, That I attended deceased from September 5, 1928, to September 15, 1928 that I last saw him alive on September 15, 1928 and that death occurred, on the date stated above, at 7:10 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epilepsy, Grand Mal

78

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Status, Epilepticus
5 hours. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) W.E. Chambers, M.D
W.E. CHAMBERS, Medical Officer in Charge.
9/16/28 U.S.V.Hospital #67 Kansas City, 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: Bartley Neb.
DATE OF BURIAL: 9/16 1928
20. UNDERTAKER: The Taylor Funeral Home
ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.