CT 30 1928

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

Do not use this space.

31119

1. PLACE OF DEATH
County: Mississippi
Township: Tiwanatty
City: Charleston (No. ..... St. ..... Ward)
Registration District No. 566
Primary Registration District No. 3030
File No. .....
Registered No. 77

2. FULL NAME: Benj. Edwards d'Arcambal

(a) Residence. No. ..... Charleston, N.O. St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Margaret d'Arcambal

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 21, 1866

7. AGE: Years 61 | Months 9 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Louis Francis d'Arcambal
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Baltimore
(STATE OR COUNTRY): Maryland
12. MAIDEN NAME OF MOTHER: Josephine Sybert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Cincinnati
(STATE OR COUNTRY): Ohio

14. INFORMANT: Irene M. Starts
(Address): Charleston Mo.

15. FILED: Sept 10th 1928 F. B. Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 5:00 O'clock A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from 1926, 19..., to 9/9, 1928 that I last saw him alive on 8/10, 1928, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolism
82 3
87 D
97
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Hemiplegia Partis
Sclerosis (duration) 4 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? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. S. Love, M. D
9/9, 1928 (Address) Charleston 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: Calvary Cemetery
DATE OF BURIAL: 9-11 1928

20. UNDERTAKER: Love Und. Co.
ADDRESS: Charleston

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.

Dr. Love