

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

Do not use this space.

*Dr. P. ...*  
34354

1. PLACE OF DEATH

County *Platte* Registration District No. *651*  
Township *Yale Prairie* Primary Registration District No. *1862*  
City *...* (No. *...*) St. *...* Ward *...*

File No. *...*  
Registered No. *128*  
St. *...* Ward *...*

2. FULL NAME

*Bennie Timothy*  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

*Male*

4. COLOR OR RACE

*Black*

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*✓*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *10-9 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Oct. 8, 1928* to *Oct. 9, 1928* that I last saw ~~deceased~~ alive on *Oct. 8, 1928*, and that death occurred, on the date stated above, at *7 A. m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Malaria*

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

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

*DK*

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, *...* hrs. or *...* min.

*About 7*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *✓*

(b) General nature of industry, business, or establishment in which employed (or employer) *✓*

(c) Name of employer

CONTRIBUTORY (SECONDARY)

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? *J. P. ...*

(Signed) *J. P. ...* M. D.

*Oct. 9, 1928* (Address) *Caruthersville, 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.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Ark.*

10. NAME OF FATHER

*DK*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*11*

12. MAIDEN NAME OF MOTHER

*11*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*11*

14.

INFORMANT (Address)

*W. E. Crackerell, Caruthersville*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Caruthersville Mason cemetery*

DATE OF BURIAL

*10-10 1928*

15.

FILED

*Nov. 7, 1928 Ude Martin*

20. UNDERTAKER

*J. H. Smith*

ADDRESS

*Caruthersville*

X. 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.

REGISTRAR

