

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

Do not use this space.

37890

JAN 28 1929

1. PLACE OF DEATH

County Randolph Registration District No. 729 File No.
Township Lebanon Primary Registration District No. 5963 Registered No. 12
City Lebanon (No.) St. Ward)

2. FULL NAME

Benjamin Franklin Huntman
(a) Residence No. St. 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emily Huntman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 25 1848</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>9</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Randolph county
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Benjamin Huntman</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	12. MAIDEN NAME OF MOTHER <u>Anna Darby</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>

14. INFORMANT Herbert Osborne
(Address) Cassio, Mo. R.F.D.

15. Filed Nov 10 1928 by G. J. P. All
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 1, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1928 to Nov 1, 1928
that I last saw him alive on Nov 1, 1928, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131
1928 (duration) 2 yrs. 7 mos. 7 ds.
CONTRIBUTORY Joint Swain
(SECONDARY) (duration) 7 yrs. 1 mo. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? X DATE OF X

WAS THERE AN AUTOPSY? X
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John P. Allen, M. D.

Nov 2, 1928 (Address) Lebanon, 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 Union Cemetery DATE OF BURIAL Nov. 3, 1928

20. UNDERTAKER G. C. Minor ADDRESS Wobesley

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

