AN 22 1929

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

Do not use this space.

39804

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Cass

Township Index

City ..... (No. ..... St. ..... Ward)

Registration District No. ~~[illegible]~~ 154

Primary Registration District No. 5218 A

2. FULL NAME Benjamin Leoi Look

(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 Male

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 1, 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
4	2	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Cass Co, Mo.

PARENTS

10. NAME OF FATHER Jonathan C. Look

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Cass Co Mo

12. MAIDEN NAME OF MOTHER Ida Hartzler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Cass Co Mo

14. INFORMANT A. D. Hartzler
(Address) East Lynne, Mo

15. FILED Dec 23, 1928 F. B. Ellis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928, to Dec 22, 1928 that I last saw him alive on Dec 22, 1928, and that death occurred, on the date stated above, at 8 45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

82 A

11 B (duration) ..... yrs. ..... mos. ..... hrs.

CONTRIBUTORY (SECONDARY) Influenza

..... (duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physical Findings

(Signed) George W. [illegible] M.D.

12/23, 1928 (Address) Garden 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 Clear Fork Cemetary

DATE OF BURIAL Dec 24 1928

20. UNDERTAKER A. D. Hartzler

ADDRESS East Lynne Mo

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.