JAN 28 1929

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

Do not use this space.

43906

1. PLACE OF DEATH
County Washington — Registration District No. 889 — File No.
Township Richwoods — Primary Registration District No. 6185 — Registered No.
City (No. St. Ward)

2. FULL NAME Benjamin F. Hessington
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22-1850
7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
78	2	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Jefferson Co. Mo
PARENTS
10. NAME OF FATHER Joshiway Hessington
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Lusinda Wideman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo
14. INFORMANT Lawson Hessington
(Address) Richwoods Mo
15. FILED Dec 26 1928 O W Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1928
17. I HEREBY CERTIFY, That I attended deceased from Dec 18 1928, to Dec 24 1928 that I last saw him alive on Dec 23 1928 and that death occurred, on the date stated above, at 11 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
57B. (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Rheumatism
(duration) 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) O W Parker, M. D
, 19 (Address)

*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 Hills Burrow — DATE OF BURIAL Dec 27 1928
20. UNDERTAKER Dayen Bro — ADDRESS Richwoods

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.