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

Do not use this space. 780

FEB 21 1929

1. PLACE OF DEATH
County: Cass
Township:
City: Boonville (No. ..... St. ..... Ward)
Registration District No. 218
Primary Registration District No. 3015
File No.
Registered No. 8

2. FULL NAME: Benjamin Franklin Don Carlos
(a) Residence. No. Jamestown Mo. St., ... Ward.
(Usual place of abode) R.F.D. No 1 (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 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*): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4, 1854

7. AGE: Years 74 | Months 6 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

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): Farmer
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Carter M. Don Carlos
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Patrick County Virginia
12. MAIDEN NAME OF MOTHER: Levina Hudson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Rochport Boone Co. Missouri

14. INFORMANT: Hattie Carlos
(Address): Prairie Home Mo

15. FILED 1-5 1929 F. R. Bowles REGISTRAR
Per A. L. Wisselton

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928, to Jan 4 1929 that I last saw h. alive on Jan 4, 100 p.m. 1929 and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
6
11A
10789 (duration) yrs. mos. 8 ds.
CONTRIBUTORY (SECONDARY) 9 [illegible]
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) Prairie Home Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) W. Ritter, M. D.
Jan 4, 1929 (Address) Boonville 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: Harris Cem. near Prairie Home Mo — DATE OF BURIAL: 1-6 1929
20. UNDERTAKER: C. Albert Hornbuck — ADDRESS: Prairie Home 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD