

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

Do not use this space.

1914

**1. PLACE OF DEATH**

County Jackson

Registration District No. H00

File No. ....

Township Blue Springs

Primary Registration District No. 1550

Registered No. 17

City Little Blue Mo (No. Jackson County Mo)

St. Ward

**2. FULL NAME**

Charles B. Benton

(a) Residence. No. 1534 Tracy Ave Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred About 15 yrs. ds. ....

How long in U.S., if of foreign birth? yrs. .... mos. .... ds. ....

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

M

**4. COLOR OR RACE**

Negro

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

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

Widowed

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

**7. AGE**

about 60 yrs

MONTHS

DAYS

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

**8. OCCUPATION OF DECEASED**

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

Hotel Porter

(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)

Lexington Ky.

**10. NAME OF FATHER**

Don't know

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Don't know

**12. MAIDEN NAME OF MOTHER**

Don't know

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Kentucky

**14.**

INFORMANT (Address)

Jackson County Mo  
Little Blue Mo

**15.**

FILED

July 21 1929  
J. J. James  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

1-29 1929

**17.**

I HEREBY CERTIFY, That I attended deceased from

1-1-1929 to 1-29-1929  
that I last saw him alive on 1-29-1929, and that death occurred, on the date stated above, at 4 hrs. .... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Artery, mitral  
92A. Insufficiency  
(duration) .... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

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

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH!

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physician Ex am

(Signed) J. W. Booker, M. D.

, 19 (Address) 2128 Vine St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

Westlawn Cemetery 2-2-1929

**20. UNDERTAKER**

ADDRESS

Flynn & Shreunstree K.C. Mo.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

2-2-1929  
18  
0  
0  
2450  
2  
31  
2

