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

Do not use this space.

6323

1. PLACE OF DEATH

County: Jackson — Registration District No.: 396 — File No.:

Township: Ft Osage — Primary Registration District No.: 3557 — Registered No.: 1

City: Sibley (No. ..... St. ..... Ward)

2. FULL NAME James T. Benson

(a) Residence. No. Sibley Mo. St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m	wh	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	9	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: retired fammer

(b) General nature of industry, business, or establishment in which employed (or employer): general farm work

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fulton Co
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Henry Morgan Benson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Va

12. MAIDEN NAME OF MOTHER Virginia Pedegrew

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Va

14. INFORMANT Mrs. Aseneth Benson
(Address) Sibley Mo.

15. FILED 3-10, 1929 N. D. Ramsey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to Feb 2, 1929, that I last saw him alive on Dec. 29, 1928, and that death occurred, on the date stated above, at 9 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Aortic Stenosis

92A

(duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 90A

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

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) N. D. Ramsey, M. D.

3-10, 1929 (Address) Buckner 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: Sibley Cem — DATE OF BURIAL: Febr. 5 29 19

20. UNDERTAKER: V. M. Reppert — ADDRESS: Buckner Mo

V. M. Reppert

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.

Ravenscraft