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

Do not use this space.

10219

24 1929

1. PLACE OF DEATH
County Gasconade — Registration District No. 303 — File No.
Township Roark — Primary Registration District No. 5420 — Registered No.
City (No. St. Ward)

2. FULL NAME Benjamin Frank Vanarsdall

(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct — ~~1877~~ 1852

7. AGE: Years 77 — Months ✓ — Days ✓ — If LESS than 1 day, ✓ hrs. or ✓ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓ Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN): Harrisburg
(STATE OR COUNTRY): Kentucky

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: E. P. Hixson
(Address): 1509 S. Missouri Ave. Sedalia, Mo

15. FILED 3-15, 1929 — Anna K. Rickhoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/14 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
died from cause unknown. Was found dead at Mo. Pac. R.R. track (with fractured leg) at 9 30 a.m. 3/14/29.
207 M (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 1880 (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? 2 35
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Julius Lingenfelder, Coroner, M. D.
, 19 (Address) Hermann, 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: Sedalia, Mo — DATE OF BURIAL: 3/16 1929

20. UNDERTAKER: Herman Blumer — ADDRESS: Hermann 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.