

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

Do not use this space.

18564

1. PLACE OF DEATH

County Jefferson Registration District No. 431
 Township Jefferson Primary Registration District No. 4349
 City Festus (No., St., Ward)

File No.
 Registered No. 65

2. FULL NAME Benjamin Cleveland Revis

(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 35 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

Minnie Revis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 11 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Glass worker
 (b) General nature of industry, business, or establishment in which employed (or employer) Manufactureing of glass
 (c) Name of employer Pittsburgh Plate Glass Co.

9. BIRTHPLACE (CITY OR TOWN) Vandalia Ill.
 (STATE OR COUNTRY)

10. NAME OF FATHER Jackson Revis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Fayette Co, Ill

12. MAIDEN NAME OF MOTHER Caroline Bail

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Fayette Co Ill

14. INFORMANT J. W. Smith
 (Address) Festus Mo

15. FILED 5/6 1929 J. E. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to May 5, 1929 that I last saw him alive on May 5, 1929 and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of rectum - and Operation for colostomy - 460 1238
 (duration) 1 yrs. mos. ds.

CONTRIBUTORY Age & general debility
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 45
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. E. Rutledge M. D.
5/6, 1929 (Address) Festus 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 Festus Mo DATE OF BURIAL 5/8/ 1929

20. UMBERTAKER Quester & Unyack ADDRESS Festus 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. WITH UNFADING INK—THIS IS A PERMANENT RECORD

PARENTS

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