

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

Do not use this space.

29974

1. PLACE OF DEATH

County Andrew
Towship Patton
City Lexington (No.)

Registration District No. 26
Primary Registration District No. 3002

File No.
Registered No. 125 St. Ward)

2. FULL NAME Henry H. Hoch Benjamin

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
(write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 12 1929, to Sept. 15 1929, and that I last saw him alive on Sept. 15 1929, and that death occurred, on the date stated above, at 12 m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Anna Miller Benjamin (or) WIFE OF

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Obstruction of
arteries caused by
strokes from cerebral
arteriosclerosis
(duration) yrs. 6 mos. 15 ds.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27-1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 11 18

CONTRIBUTORY Chlorine and anemic
(SECONDARY) (duration) yrs. 4 mos. ds.

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) 17th
(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH NO

DID AN OPERATION PRECEDE DEATH? NO DATE OF 1

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. H. Fisher, M. D.

, 19 (Address) Mexico 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.

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

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

Cherry Box - Shelby Co. Mo Sept 19 1929

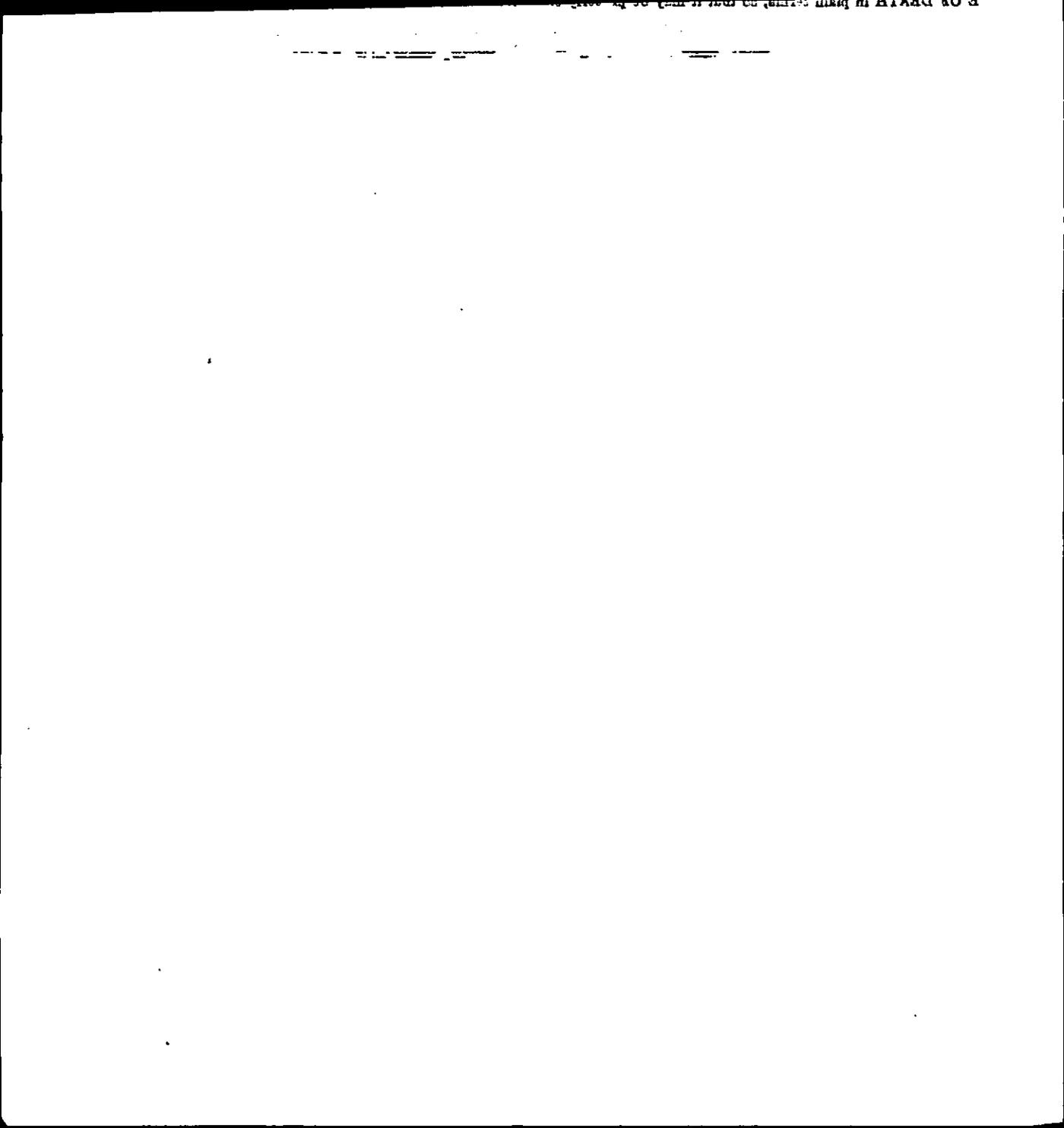
20. UNDERTAKER W. C. Phelan ADDRESS Mexico Mo

14. INFORMANT (Address)

15. Sept 18th 29 Ira S. Milligan REGISTRAR

CAUSE OF DEATH IN PLAIN TERMS, AS STATED BY THE REGISTRAR

22
4
7



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cuddepos
Township Merced
City Merced (No. St. Ward)

Registration District No. 24
Primary Registration District No. 3002

File No.
Registered No. 123-

2. FULL NAME

Henry Bezekiah Benjamin

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M (write the word)

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

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

7. AGE YEARS MONTHS DAYS 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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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 The Undertaker (Address)

15. Sept 15th 1929 J. S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1929

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)....., M. D.

, 19 (Address)

*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

PRESCRIBED BY LAW

REGISTERED

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY

SUPPLEMENTARY

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