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

Do not use this space.

5069

399

1. PLACE OF DEATH

County Jackson — Registration District No. 1008 — File No.

Township Kaw — Primary Registration District No. — Registered No. 725

City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Benjamin E. Daniels

(a) Residence. No. 5447 Lydia Ave. St., 15 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11th. 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
78	5	5	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New York State (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Edward Daniels

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

12. MAIDEN NAME OF MOTHER No Data

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Data

14. INFORMANT Mrs. F. J. O'Hearn (Address) 5447 Lydia

15. FILED 7/17, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/16/30 19

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1929, to Feb 16, 1930 that I last saw him alive on Feb 15, 1930, and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) senility

(2) chronic myocarditis

93C

107A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) broncho-pneumonia

(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH do not know

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X ray, laboratory, clinical

(Signed) Jesse R. Haley M. D.

2-17, 1930 (Address) 1002 medical arts Bldg.

*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
CALVARY CEMETERY	FEB 18 1930
20. UNDERTAKER	**ADDRESS**
W. F. MAYBERRY UNDERTAKING CO	Kans CITY, 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.

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Dr Haley
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