

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

Do not use this space.

23490

1929  
63  
1866

**1. PLACE OF DEATH**  
 County Linn Registration District No. 508  
 Township Phillip Primary Registration District No. 3026  
 City Phillip St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** John Lloyd Benton  
 (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.

File No. \_\_\_\_\_  
 Registered No. 202

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** male **4. COLOR OR RACE** Black **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single  
 (write the word)

**6A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF \_\_\_\_\_  
 (OR) WIFE OF Single

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Apr. 5 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>23</u>	<u>3</u>	<u>6</u>	

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE** (CITY OR TOWN) Lenton  
 (STATE OR COUNTRY) Mo.

**10. NAME OF FATHER** John H Benton

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

**12. MAIDEN NAME OF MOTHER** Lidia Este

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Crooked County

**14. INFORMANT** John H Benton  
 (Address) Phillip Mo

**15. FILED** 7-12-30 Leuben Barney  
 19\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) 7-11-30

**17. I HEREBY CERTIFY**, That I attended deceased from 7-11-30, 1930, to 7-11-30, 1930, that I last saw him alive on 7-11-30, and that death occurred, on the date stated above, at 12:50 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Accidental Drowning  
18.3 (duration) one hour yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** 18.3 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH:  177

**19. DID AN OPERATION PRECEDE DEATH?** NO DATE OF \_\_\_\_\_  
**20. WAS THERE AN AUTOPSY?** NO Raised  
**WHAT TEST CONFIRMED DIAGNOSIS?** Saw body removed from the  
 (Signed) Leuben Barney, M. D.  
7-12-30 (Address) Phillip 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.

<b>19. PLACE OF BURIAL, CREMATION, OR REMOVAL</b> <u>To Lenton Mo</u>	<b>DATE OF BURIAL</b> <u>July 13 1930</u>
<b>20. UNDERTAKER</b> <u>P.M. Marshall</u>	<b>ADDRESS</b> <u>Phillip Mo</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 3 1930

