

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

Do not use this space.

12199

**1. PLACE OF DEATH**

County..... Registration District No. 781  
 Township..... Primary Registration District No. 3103  
 City St. Louis Mo (No. City Hosp #2)..... St. .... Ward.....

File No. ....  
 Registered No. 3461.....  
 St. .... Ward.....

**2. FULL NAME**

Peter Benford  
 (a) Residence. No. 4327 Craig Ave St. 11 Ward.....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 4 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 Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
abt. 54 - - -

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Laborer 231  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

10. NAME OF FATHER Richard Benford

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

12. MAIDEN NAME OF MOTHER Annie Carter

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

14. INFORMANT A. Gertrude Creath  
 (Address) City Hosp #2

15. FILED W. W. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-16 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/28, 1931 to 3/16, 1931 that I last saw him alive on 3/16, 1931, and that death occurred, on the date stated above, at 2:00 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
930 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 930 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF 1  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chronic Myocarditis  
 (Signed) Henry E. Hampton, M. D.

3/17, 1931 (Address) City Hosp #2  
 / \*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 Washington Park DATE OF BURIAL Mar. 21, 1931

20. UNDERTAKER Chas. J. Gates ADDRESS 4107 Linn

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.

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

