

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

Do not use this space.

24264

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. 100 Med Hospital)
2. FULL NAME Bennie E. Palmer
(a) Residence, No. 3007 North 7th St. Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

File No. _____
Registered No. 7 767
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 - 1900
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
30 9 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Letto Music
10. Date deceased last worked at this occupation (month and year) 1931 - July 11. Total time (years) spent in this occupation 6 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co. Missouri
13. NAME Charles L. Palmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co Missouri
15. MAIDEN NAME Lara M. Glast
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor Colorado
17. INFORMANT C. L. Palmer
(ADDRESS) 54 1/2 North 7th
18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Cemetery DATE July 13 1931
19. UNDERTAKER Fleason Funeral Home
(ADDRESS) 1946 Calhoun St.
20. FILED 7-12-31 19 John L. Bender, Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1931
22. I HEREBY CERTIFY, That I attended deceased from July 4, 1931, to July 11, 1931
I last saw him alive on July 11 1931. Death is said to have occurred on the date stated above, at 9:25 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Appendicitis Date of onset 7/13
12/1
Other contributory causes of importance:
General Peritonitis
Name of operation Appendectomy Date of July 9 1931
What test confirmed diagnosis? Findy Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. Kuysser, M. D.
(Address) 414 Buchanan St

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 24 1931

WHITE 1 1931 WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. (copy)