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.

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

Do not use this space.

34631

1. PLACE OF DEATH
County: Jackson — Registration District No.: 395 — File No.: 4250
Township: Lows — Primary Registration District No.: 5 — Registered No.:
City: Kansas City (No. 135 S Elmwood St. Ward)

2. FULL NAME: Michael C. Benson
(a) Residence, No. 135 So Elmwood St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4½ 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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Mary Benson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-15-1863

7. AGE: Years 68 — Months 4 — Days 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

FATHER
13. NAME: J Benson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

MOTHER
15. MAIDEN NAME: Katherine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

17. INFORMANT (ADDRESS): Mrs Mary Benson, 135 So Elmwood

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill — DATE: Oct. 30, 1931

19. UNDERTAKER (ADDRESS): D W New Comer Funeral Home

20. FILED: 10/28, 1931 — M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-27, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1916, to July 27, 1931.
I last saw him alive on Sept 27, 1931. Death is said to have occurred on the date stated above, at 4:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Oct 27-31
following Tabes dorsalis	1901
Other contributory causes of importance:	
Pyelonephrosis (Hematuria etc)	Feb 1930

(Name of operation: ..... Date of: .....
What test confirmed diagnosis? Autopsy ..... 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) G M Hoxie, M. D.
(Address) 1000 Rialto Bldg

Dr. George Hoxie
Rialto Bldg V1 3975
office Hr. 2-5:00 (12 oclock appointments)