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.

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

Do not use this space.

36280

1. PLACE OF DEATH

County ..... Registration District No. [illegible] File No. .....

Township ..... Primary Registration District No. [illegible] Registered No. 10813

City St. Louis, Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Ben Fears

(a) Residence, No. 2803 Clark St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17 1892

7. AGE: YEARS 39 | MONTHS 1 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe shiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen Mississippi

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen Mississippi

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen Mississippi

17. INFORMANT (ADDRESS) Bernard T. Koon, M.D. 5300 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE Oct 26 1931

19. UNDERTAKER (ADDRESS) American Funeral Home 3444 Pine St

20. FILED Oct 26 1931 19 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1929, to October 21, 1931

I last saw him alive on October 21, 1931. Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (apoplexy)	10/16/31
82-A 107-A 82A	
Other contributory causes of importance:	
Broncho-pneumonia	10/19/31

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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 P

(Signed) Bernard T. Koon, M. D.

(Address) 5300 Arsenal St.