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.

DEC 22 1931

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

Do not use this space.

37523

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 379
City Independence (No. Independence Sanitarium St. Ward)

2. FULL NAME Charles Franklin Bence
(a) Residence, No. 1120 S. Dodgion St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Emma May Bence

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-11-1861

7. AGE: YEARS 70 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan, Iowa

FATHER
13. NAME Joseph F. Bence
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Dr. A. E. Bence 3833 E. 2nd. St. Wichita, Kans.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE 11-13-1931, 19

19. UNDERTAKER (ADDRESS) Stahl Funeral Home 815 W. Maple

20. FILED Nov. 12, 1931 F. R. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11-1931, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Nov 11, 1931
I last saw him alive on Nov. 11, 1931. Death is said to have occurred on the date stated above, at 10.30A m.
The principal cause of death and related causes of importance were as follows:

Multiple sclerosis of brain & cord — Date of onset
87B 87B 97

Other contributory causes of importance:
General arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) John R. Green, M. D.
(Address) Indep. Mo.