

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

Do not use this space.

1. PLACE OF DEATH **Veterans' Administration Hospital.**

4748

County **Jackson** Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
 Township **Kan** Primary Registration District No. \_\_\_\_\_ Registered No. **608**  
 City **Kansas City, Missouri** St. **Veterans Hospital** Ward \_\_\_\_\_

2. FULL NAME **BOARD, Benjamin George**

**C-591 358 WOE**

(a) Residence, No. **Milan, Missouri.** St. **Woe** Ward **Pvt. 48th Spruce Sqdn.**

(Usual place of abode) \_\_\_\_\_  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 14** 19 **32**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs. Iva Board**

22. I HEREBY CERTIFY, That I attended deceased from **October 6** 19 **32**, to **Feb. 14** 19 **32**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 2, 1896**

I last saw him alive on **Feb 14** 19 **32** Death is said to have occurred on the date stated above, at **8:20 PM**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **35 10 12**

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer 237**

**Carcinoma of Pancreas** Date of onset **Unknown**

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 \_\_\_\_\_

**46 F**  
**47 B H C**  
**53 E** **(1)**

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri.**

**Metastasis to lungs, liver & spleen** **Unknown**

13. NAME **Nicholas Board**

**Cholecystitis, chronic** "

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

**Laporotomy** Date of **2-5-32**

15. MAIDEN NAME **Parmelia Dennis**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis **Laporotomy & Autopsy** Was there an autopsy? **Yes**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

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.

17. INFORMANT **Mrs. Iva Board (wife)**  
 (ADDRESS) **Milan, Missouri.**

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Milan, Mo.** DATE **2-16** 19 **32**

24. Was disease or injury in any way related to occupation of deceased? **Unknown**

19. UNDERTAKER **Heeman Mortuary**  
 (ADDRESS) **Kansas City, Mo.**

If so, specify \_\_\_\_\_  
 (Signed) **W. A. Chambers**, M. D.  
 (Address) **W. A. CHAMBERS, Med. Officer in Charge.**  
**Veterans' Administration Hospital**

20. FILED **15-19** **32** **M. M. Board** Registrar.

**Kansas City, Mo.**

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.

