

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

Do not use this space.

4964

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Haw Primary Registration District No. 1007
 City A. C. No. (No. 2723 E - 27th St.) St. _____ Ward _____

File No. _____
 Registered No. 827
 St. _____ Ward _____

2. FULL NAME Benjamin F. Labiness

(a) Residence, No. 2723 E - 27th St. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 7 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
73 6 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop
 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) Mo. 1

MOTHER 13. NAME no Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record 51

15. MAIDEN NAME no Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record 11 11

17. INFORMANT Frank Labiness
 (ADDRESS) 3921 Forest, Av

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 3-2-32

19. UNDERTAKER Mrs. C. L. Foster
 (ADDRESS) 918 Brooklyn Ave

20. FILED 7/29 1932 Registrar: M. M. Brown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930, to Feb 29 1932
 I last saw him alive on Feb 29 1932 Death is said to have occurred on the date stated above, at 6: AM

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

Cancer of Liver Date of onset _____
He⁶ 46 E

Other contributory causes of importance:

Name of operation _____ 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? no 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) E. B. Merriman, M. D.
 (Address) 1225 Reilly Bldg

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.

Dr. G. S. Meriman
Rialto.