

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

Do not use this space.

9198

APR 28 1932

1. PLACE OF DEATH

61 County Macon
Township Hudson
City _____ (No. _____) (Ward _____)

Registration District No. 533
Primary Registration District No. 5713

File No. _____
Registered No. 24

2. FULL NAME

John N. Benson

(a) Residence No. _____ St. _____ Ward _____
(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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 3rd 1893</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>7</u>
	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Mo

13. NAME J. Ward Benson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Hester Keene

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co, Mo

17. INFORMANT (ADDRESS) Dessie Benson

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelby Co Mo, Oakridge Cemetery Date 3-20-1932

19. UNDERTAKER (ADDRESS) Stephens & Hodding, Macon Mo

20. FILED 3/31 1932 Wm Luke Junker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18-1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1932, to Mar 18 1932
I last saw him alive on such 6 PM 1932. Death is said to have occurred on the date stated above, at _____ m.

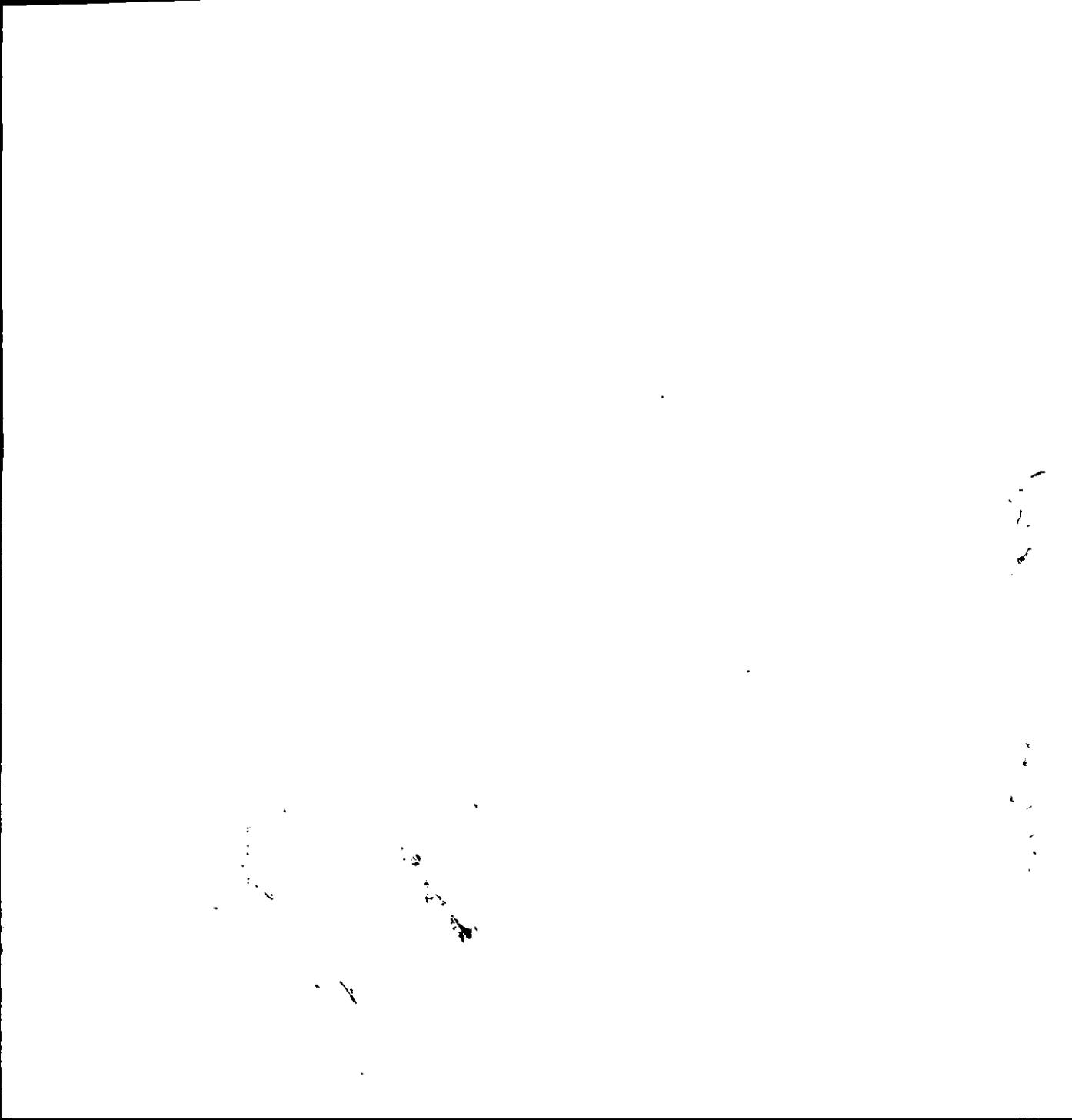
The principal cause of death and related causes of importance were as follows:

Broken Back
and two broken legs jumped from 3 floors
Other contributory causes of importance:
186 ft
194 ft

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? _____ 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) J. M. Rains, M. D.
(Address) Macon Mo



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Macon Registration District No. 533 File No. _____
 Township Hudson Primary Registration District No. 5713 Registered No. 24
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John H. Benson
 (a) Residence, No. _____ 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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>3/18</u> , 19 <u>32</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.	
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows:	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				<p><u>Broken back and broken leg jumping from a log</u></p> <p><u>Accidental</u></p> <p><u>1860</u></p> <p>Date of onset: <u>9</u></p>	
	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)						
FATHER	13. NAME					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
MOTHER	15. MAIDEN NAME					
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
17. INFORMANT (ADDRESS)						
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____						
19. UNDERTAKER (ADDRESS)						
20. FILED <u>4/30</u> , 19 <u>32</u> <u>Mrs Luke Runkler</u> Registrar						

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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1950
10.15