

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

Do not use this space.

11429

1. PLACE OF DEATH

County North
Township Shelbourn
City Grand City (No.)

Registration District No. 903
Primary Registration District No. 14540

File No.
Registered No. 3
St. Ward)

2. FULL NAME

(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

OCCUPATION	3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sheldah Benson</u>		
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 27 1854</u>		
	7. AGE	YEARS <u>77</u>	MONTHS <u>2</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Probate Judge</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>46B</u>		
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1931</u>		
FATHER	11. Total time (years) spent in this occupation <u>16</u>		
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Agency City, Iowa</u>		
	13. NAME <u>Chamney Benson</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER	15. MAIDEN NAME <u>Nancy Huey</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dark Mountain, Iowa</u>		
17. INFORMANT (ADDRESS) <u>Noble Benson, 1018 N. Missouri</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grand City, Mo.</u> DATE <u>March 7, 1932</u>			
19. UNDERTAKER (ADDRESS) <u>Frank C. Dumble, Grand City, Mo.</u>			
20. FILED <u>3-7-1932</u> <u>J. M. Andrews</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, to March 6, 1932
I last saw him alive on March 6, 1932 Death is said to have occurred on the date stated above, at 10:19 m.
The principal cause of death and related causes of importance were as follows:
1. Consuming of Liver of Stomach
46E

Date of onset 1831

Other contributory causes of importance:
1

Name of operation None Date of None
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19...
Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) S. J. Pass M. D.
(Address) Grand City, Mo.

APR 30 1932

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.

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

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Worth

Registration District No. 903

Township

Primary Registration District No. 4545

City

Brant City (No.)

File No.

Registered No. 3

St.

Ward)

2. FULL NAME

(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

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

m

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

OCCUPATION

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

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)

13. NAME

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

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

5-10

19

32 John Heards

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Mar 6 1932

22. I HEREBY CERTIFY, That I attended deceased from

..... to 19.....

I last saw him alive on 19..... 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:

Carcinoma of liver
and stomach

Date of onset

Other contributory causes of importance

No autopsy but
body of stomach
primary liver

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external cause (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)

M. D.

(Address)

S-11429