

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

Do not use this space.

11463

1. PLACE OF DEATH

2 County Andrew Registration District No. 9
 Township Benton Primary Registration District No. 5012a
 City Bolivar Mo (No. _____) St. _____ Ward _____

File No. 6
 Registered No. _____

2. FULL NAME Charles Stevens Binson

(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 Male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Mrs Chas Binson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
57 2
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmed
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Martin Binson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Phoebe Fox
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
 (STATE OR COUNTRY) 2

14. INFORMANT Mrs Chas Binson
 (Address)

15. FILED Apr 24 1932 J. W. Lane
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1932 April 23
 17. I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1932 to April 23 1932
 that I last saw him alive on April 23, 1932, and that death occurred, on the date stated above, at 10:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pancreatitis acuta.
128
121A
 (duration) yrs. mos. ds.
 CONTRIBUTORY possibly ruptured appendix
 (SECONDARY) (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 121
 IF NOT AT PLACE OF DEATH (1)

DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar 25-1932
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) D R Miller, M. D.
 , 19 (Address) Beardall mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walnut Grove DATE OF BURIAL April 25 1932

20. UNDERTAKER Campbell Funeral Home ADDRESS Banard Mo
104 W Campbell

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

MAY 23 1932

should

is stated by
the statute for



102

102

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

4-32
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Andrew
Township Benton
City..... (No. St. Ward)

Registration District No. 9
Primary Registration District No. 3012a

File No.
Registered No. 6

2. FULL NAME

Charles Stevens Brinson

(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 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 Apr 24 1932 J. H. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23 1932

22. I HEREBY CERTIFY That I attended deceased from to 19.....

I last saw h..... 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:

Date of onset

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?..... 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).....

SUPPLEMENTARY

WRITE PLAINLY WITH UNFADING INK---THIS IS A SUPPLEMENTARY

Every item of information should be carefully supplied. AGE should be in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

VITAL RECORD

ALL PHYSICIANS should state CASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten text, possibly a signature or initials, oriented vertically.

Faint, illegible markings or text located in the lower right quadrant of the page.