WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 24 1933

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

Do not use this space.

17181

1. PLACE OF DEATH

90 County: Reynolds — Registration District No. 954

Township: Carroll — Primary Registration District No. 8979a

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 19

2. FULL NAME Benjamin Newton Gant

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 1841

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
91	4	7	

OCCUPATION

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

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) S. Carolina (STATE OR COUNTRY) S. Carolina

FATHER

13. NAME XXXXXX

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

MOTHER

15. MAIDEN NAME XXXXXXXX

16. BIRTHPLACE (CITY OR TOWN) XXXXX (STATE OR COUNTRY) XXXX

17. INFORMANT James Gant (ADDRESS) Greeley O

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greeley Ce DATE May 20 1932

19. UNDERTAKER Carl K Spencer (ADDRESS) Salem O

20. May 20 1931 J B Gordon *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Died without Medical aid 19

I last saw h..... alive on Dec 11 1931 Death is said to have occurred on the date stated above, at 8.00 A.M.

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

	Date of onset
162	
3,00 d	

Other contributory causes of importance:

(1)

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 did not apply

Nature of injury natural causes

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

If so, specify .....

(Signed) J B Gordon, M. D.

(Address) Bunker Mo