

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

Do not use this space.

18381

1. PLACE OF DEATH
 100 County Scott Registration District No. 820
 10 Township Yslomania Primary Registration District No. 4896
 3 City Oran (No.) St. Ward

2. FULL NAME Richardson Benj Syon
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 OF (or) WIFE OF Arnetta Syon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/12/60

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 | 2 | 22 | — | —

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Carpenter
 (b) General nature of industry, business, or establishment in which employed (or employer) —
 (c) Name of employer —

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

10. NAME OF FATHER Richardson Syon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know
 (STATE OR COUNTRY)

14. INFORMANT Ben Syon
 (Address) Steady mo

15. FILED 6/9/22 Y. S. Slickman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/4 1932

17. I HEREBY CERTIFY, That I attended deceased from 4/30, 1932, to 5/4, 1932 that I last saw — alive on 5/4, 1932, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
131
97
 (duration) yrs. mos. 5 da.

CONTRIBUTORY Chronic nephritis
 (SECONDARY) (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? — ①

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. A. Clune, M. D.
 , 19 — (Address) Oran 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 Freemul Cemetery DATE OF BURIAL 4/6 1932

20. UNDERTAKER T. A. Heisserer ADDRESS Oran

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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