

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.

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

Do not use this space.

26044

1. PLACE OF DEATH

45 County Howard.
2 Township
4 City Fayette, (No.)

Registration District No. 378
Primary Registration District No. 4222

File No.
Registered No. 60
St. Ward)

2. FULL NAME Bud 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.

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

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

7. AGE About 50 YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Bob Hayden
(Address) Fayette, Mo.

15. FILE Oct. 1, 1932 V. Q. Bonham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8 29 32 19

17. I HEREBY CERTIFY, That I attended deceased from 8-29-32 to 8-29-32, 1932
that I last saw him alive on 8-29-32, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilation of stomach,
118
118
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Malnutrition from starvation
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? h DATE OF h

WAS THERE AN AUTOPSY? h

WHAT TEST CONFIRMED DIAGNOSIS? h
(Signed) Dr. Bloom, M. D.

, 19 (Address) Fayette 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 City Cemetery. 8/30/32 DATE OF BURIAL 19

20. UNDERTAKER Halley. Fayette ADDRESS Mo.

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