

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

Do not use this space.

31949

1. PLACE OF DEATH

County Generty
Township Huggins
City (No.)

Registration District No. 309
Primary Registration District No. 5428

File No.
Registered No. 48
St. Ward

2. FULL NAME Benedict S. Lykins

(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 <u>Male</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>Mrs Martha B. Lykins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug - 7 1871</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>2</u>	DAYS <u>8</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	11. Total time (years) spent in this occupation <u>lifetime</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>carpenter</u>	
	10. Date deceased last worked at this occupation (month and year) <u>January 1932</u>	

12. BIRTHPLACE (CITY OR TOWN) Generty Co MO
(STATE OR COUNTRY)

13. NAME Isaac Lykins

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

15. MAIDEN NAME Nancy Neal

16. BIRTHPLACE (CITY OR TOWN) Generty Co MO
(STATE OR COUNTRY)

17. INFORMANT Mrs Martha B. Lykins
(ADDRESS) Stanhope MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hall Cemetery DATE 10/17/32

19. UNDERTAKER Lester H. Phillips
(ADDRESS) Stanhope MO

20. FILED 10/17 1932 W. S. Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1932 to Oct 15 1932
I last saw him alive on Oct 15 1932. Death is said to have occurred on the date stated above, at 1:00 p.m.

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

Myocardial Infarction
GRA
Cholesterol
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) W. S. Martin, M. D.
(Address) Stanhope MO

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

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.

NOV 23 1932

Oct 15 - 1932

Dr. Whitney