

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

Do not use this space.

13,39984

1. PLACE OF DEATH

County Jackson Registration District No. 389
Township Kear Primary Registration District No. 1002
City K.C. Mo. (No. 2116) Madison St. _____ (Ward)

File No. 1
Registered No. 4992

2. FULL NAME

James E. Benton
(a) Residence, No. 2116 Madison St. 3 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 married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-19-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 11 6

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee 183

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) No Record 31

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Pearl Benton
2118 Madison

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Washburn DATE 12/29 1932

19. UNDERTAKER (ADDRESS) Mrs. R. L. Forester
918 Broadway Ave.

20. FILED 12/27 1932 M. M. Corvine
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25/32 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw him _____ live 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:

Chronic fibrous myocarditis Date of onset _____

936 950 930

Other contributory causes of importance:

acute dilatation of the heart.

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) A. Hatch _____, M. D.
(Address) Duquoy Corner.

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.

100-7-100