

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

Do not use this space.

41310

1. PLACE OF DEATH
 93 County St. Clair Registration District No. 765
 Township Orcola Primary Registration District No. 6266
 City (No. John O. Benjamin) St. _____ Ward _____

2. FULL NAME John O. Benjamin
 (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.

File No. _____
 Registered No. 21

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Bradley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1846
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 11 25
 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) (STATE OR COUNTRY) Indiana
 13. NAME John W. O. Benjamin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
 15. MAIDEN NAME W. H. ...
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ...
 17. INFORMANT (ADDRESS) Rachel Ferris
Orcola Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Orcola DATE 12-19 1932
 19. UNDERTAKER (ADDRESS) O. S. Hull
Orcola Mo
 20. FILED 12/20 1932 R. V. Seavers
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-17, 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw h. _____ alive on Dec 17, 1932 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:
Deceased for time on the above date: Had been sick for 1 1/2 hrs. before he died for influenza.
Had symptoms for some 4
 Other contributory causes of importance: Pronounced if Pneumonia
"Lobar" 1080
 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) E. S. Sullivan, M. D.
 (Address) Orcola, 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.

